

Glamorgan County Council.

REPORT

OF THE

Medical Officer of Health

FOR THE YEAR 1962

W. E. THOMAS, B.Sc., M.B., B.Ch., D.P.H.
MEDICAL OFFICER OF HEALTH

CARDIFF:
WILLIAM LEWIS (PRINTERS) LTD.

HEALTH COMMITTEE.

(All Members of the County Council, plus three co-opted Members.)

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Health Administration Sub-Committee. (15 Members.)

Chairman : County Alderman P. J. Smith, C.B.E., D.L., J.P., M.R.S.H.

Nursing Services Sub-Committee. (50 Members.)

Chairman : County Alderman Thomas Evans, J.P., M.R.S.H. (Pontardawe).

General Health Services Sub-Committee. (50 Members.)

Chairman : County Councillor Llewellyn Evans.

Special Health Services Sub-Committee. (50 Members.)

Chairman : County Alderman Mervyn W. Payne.

The Chairman and Vice-Chairman of the County Council and the Chairman and Vice-Chairman of the Health Committee are *ex-officio* members of all Sub-Committees.



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Glamorgan County Council.

To the Chairman and Members of the Health Committee.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour of presenting the annual report on the Health Services of the Administrative County in respect of the year ended 31st December, 1962, together with the vital statistics relating to that period, and also the report of the Principal Dental Officer, Mr. H. P. R. Williams.

The estimated population was 748,700, an increase over the previous year of 4,830, or 23,500 more than in 1948, when the National Health Service was introduced. The excess of live births over deaths was 3,705.

The birth rate for the year was 17·21 per 1,000 population, which is the highest since 1946. The illegitimacy rate was also raised from 32 to 38 per 1,000 births, which is, however, still much lower than the national figure of 66. It is probable, however, that some unmarried mothers leave the County to have their babies elsewhere, and so one must not become complacent about the present position.

The general death rate for the County was 12·3 per 1,000 population.

The other statistical figures of main interest are the infant mortality, the neo-natal, and stillbirth rates, which were 24·6, 16·45, and 23·93. These figures continue to be much higher than the national rates, but a considerable improvement has occurred during the past fifteen years. The results of the Infant Mortality Survey conducted by the National Birthday Trust are awaited with interest as their findings may shed some light on the continued discrepancy between some authorities in Wales and others in the rest of the country. There has been considerable improvement in the standard of ante-natal care, and the closest co-operation is maintained between the local authority, the hospital, and general practitioner services, but the general pattern of the provision still varies from one area to another, even within the County, as whereas some family doctors undertake the ante-natal care of their own patients, others leave this to the local authority clinics.

The maternal mortality rate of 0·23 per 1,000 births was the lowest yet recorded, and compares favourably with the England and Wales figure of 0·35.

The outbreak of smallpox which occurred in the County in February, March, and April, in which forty-four cases occurred with seventeen deaths, is reported in detail in the body of the report. During the period the work of the department was adapted to meet the requirements of the moment, and this resulted in some disorganisation of the clinic services. The staff all worked magnificently in coping with the many problems involved, including arrangements for the vaccination or re-vaccination of approximately a quarter of a million people, and the careful control and supervision of contacts called for countless visits to ensure that the infection did not spread further.

The whole episode was an example of team effort at its best, and my grateful thanks are due to so many that it would be invidious to mention them individually.

As reference is made in the body of the report to the services for which the Health Committee is responsible, I do not intend to enlarge upon them here, except to say that every effort has been made to ensure that the services achieve their aim of providing care in the community and thus supporting the general practitioner in the care of the family. This includes, of course, the provision of care and after-care services under the Mental Health Act, 1959, and steady progress has been made, more particularly in the provision of occupation centres for the sub-normal. At the end of the year, five had been built and two were in the course of erection. Shortage of trained staff continued to be one of the major problems, but two Health Welfare Officers were accepted for the one-year training course, and three of the Assistant Supervisors of occupation centres attended a part-time course in Cardiff.

On 1st July, 1962, under section 46 of the Local Government Act, 1958, the County Council delegated to the Council of the Borough of Rhondda the administration of the local health and welfare functions. The take-over of these services was carried out smoothly. It was intended that delegation should take effect as from 1st April, 1962, but this had to be postponed due to the smallpox outbreak.

As mentioned in the preface of last year's report, Dr. R. T. Bevan left to take up a new appointment in October. The vacancy thus created was filled by Dr. C. J. Revington who, having previously served as the Assistant Principal Medical Officer in the department, was soon able to take over many of the duties undertaken by his predecessor, including much of the administration of the Mental Health Service.

Another staff change was made on the retirement of Miss E. G. Wright, the County Superintendent Health Visitor and School Nurse, who had carried out her duties in this post for sixteen years with efficiency and enthusiasm; the opportunity was taken at this time to make a change in the senior nursing posts by redesignating Miss E. J. Moseley's Non-Medical Supervisor of Midwives' post to that of Principal Nursing Officer, with Miss J. M. Davies, who had previously been the Divisional Superintendent Health Visitor for Aberdare and Mountain Ash Health Division, as her Deputy, as from 28th October.

I have frequently made reference in previous reports to the devoted service of members of the Health Department, notably the senior officers who grew up with it and were instrumental in helping to implement the many changes which have taken place through the years, in particular the introduction of the National Health Service Act, 1946. It is with great pleasure, therefore, I place on record not only my own gratitude and thanks but also that of their many colleagues in the department to Mr. I. G. Millward, M.B.E., and Mr. W. J. Harris, who this year completed fifty years' service to the County Health Committee. Both can look back with pride to their magnificent work over the years, and they have the best wishes of all that their retirement will be a long and happy one.

In conclusion, I once again wish to express my thanks to the Chairman, County Alderman Thomas Evans, and the Committee for their help and consideration.

I am,

Your obedient servant,

W. E. THOMAS,

County Medical Officer.

PUBLIC HEALTH DEPARTMENT,
COUNTY HALL,
CARDIFF.

December 1963.

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NATIONAL HEALTH SERVICE ACT, 1946.

DIVISIONAL ADMINISTRATION.

Under the Glamorgan County Council Scheme of Divisional Administration, the day to day administration of local health functions under the National Health Service Act, 1946, with the exception of the Ambulance Service (section 27) and the Mental Health Service (section 51) is delegated to eight Health Divisions under the immediate control of the undermentioned Divisional Medical Officers :—

Since 1st July, 1962, the Council of the Borough of Rhondda have delegated functions under section 46 of the Local Government Act, 1958.

| <i>Health Division.</i> | <i>Divisional Medical Officer.</i> | <i>Address.</i> | <i>Telephone No.</i> |
|-----------------------------|---|---|-----------------------------------|
| Aberdare and Mountain Ash | J. Llewellyn Williams, M.R.C.S., L.R.C.P., D.P.H. | Divisional Health Office, Rock Grounds, Aberdare | Aberdare 2497/8. |
| Caerphilly and Gelli-gaer | D. W. J. Anderson, B.Sc., M.B., B.Ch., D.P.H. | County Council Offices, Caer- philly Road, Ystrad Mynach | Hengoed 3171. |
| Mid-Glamorgan .. | Kathleen Davies, M.B., B.Ch., B.Sc., M.R.C.S., L.R.C.P., D.P.H. | County Council Offices, Quarella Road, Bridgend | Bridgend 2515. |
| Neath and District .. | H. R. Stubbins, M.D., D.P.H. .. | Divisional Health Office, Dyfed Road, Neath | Neath 2481/2. |
| Pontypridd and Llan-trisant | D. W. Foster, B.Sc., M.B., B.Ch., D.P.H. | County Council Offices, Court- house Street, Pontypridd | Pontypridd 2646/7 and 2275. |
| Port Talbot and Glyn-corrwg | D. H. J. Williams, M.R.C.S., L.R.C.P., D.P.H. | Divisional Health Office, Park House, Theodore Road, Port Talbot | Port Talbot 2137. |
| South-East Glamorgan | D. Trevor Thomas, M.R.C.S., L.R.C.P., D.P.H. | Divisional Health Office, County Council Offices, Greyfriars Road, Cardiff | Cardiff 28033. |
| West Glamorgan .. | G. E. Donovan, M.Sc., M.D., B.Ch., B.A.O., D.P.H. | Divisional Health Office, 5, St. James' Crescent, Swansea | Swansea 57894/5. |

Authorities who have delegated responsibilities under the Local Government Act, 1958 :—

| | <i>Medical Officer of Health.</i> | <i>Address.</i> | <i>Telephone No.</i> |
|--------------------|--|---|----------------------|
| Rhondda M.B. | R. B. Morley-Davies, M.B., B.Ch., B.Sc., D.P.H. | Health and Welfare Depart- ment, Municipal Offices, Pentre, Rhondda | Pentre 3008/9. |

In the interests of efficiency, minor administrative adjustments as follows have been made in the scheme to allow certain areas situated in or near Divisional boundaries to be covered for some or all local health purposes by the immediately adjacent Health Division :—

| <i>Area affected.</i> | <i>Division in which situate.</i> | <i>Service concerned.</i> | <i>Division to which responsibility transferred.</i> |
|-----------------------------|-----------------------------------|-------------------------------|--|
| Pembroke Street, Thomastown | South-East Glamorgan .. | All purposes .. | Pontypridd and Llantrisant. |
| Scotch Row, Gilfach Goch .. | Rhondda M.B. | do. .. | do. |
| Ynysmaerdy | South-East Glamorgan .. | Home Nursing and Midwifery | do. |
| Edmundstown | Rhondda M.B. | Midwifery .. | do. |
| Penrhiwfer | Pontypridd and Llantrisant | do. .. | Rhondda M.B. |
| St. Mary Hill | Mid-Glamorgan | Home Nursing | South-East Glamorgan. |

DEVELOPMENT OF LOCAL AUTHORITY HEALTH AND WELFARE SERVICES.

Following the publication of the long-term plan for the Hospital Service in January 1962, the Government put in hand the preparation of a similarly long-term view of the future of the Health and Welfare Services throughout the country.

The Council was asked, on 23rd January, to review its Health and Welfare Services and to draw up a plan for developing them over the next ten years—the same period ahead as the Hospital Service.

The contents of the plan are to be revised annually and on each occasion should be taken a year further forward.

SECTION 21—HEALTH CENTRES.

The Health Sites and Premises Sub-Committee periodically review the Authority's site requirements and the progress during the year in new clinics and occupation centre building is mentioned elsewhere in this report.

SECTION 22—CARE OF MOTHERS AND YOUNG CHILDREN.

New Clinics.

The construction of the new clinic at Longford, Neath, was completed at the end of 1961, and sessions commenced at this new clinic on 1st January, 1962.

Alteration of Clinic Sessions.

Owing to local circumstances usually associated with attendances, variations as shown in the following list were made in the arrangements for holding clinic sessions :—

| Health Division. | Area served. | Location of clinic premises. | Type and frequency of sessions now held. | | Remarks. |
|----------------------------|---------------|---|--|--|---|
| Caerphilly and Gelligaer | Nantgarw .. | Oxford Hall, Rhydyrhelig, Nantgarw | Infant Welfare | Thursday mornings, fortnightly | Previously held Thursday afternoons fortnightly. |
| | Taffs Well .. | Community Hall, Cardiff Road, Taffs Well | Infant Welfare | Thursday mornings, fortnightly | Previously held Thursday afternoons, fortnightly. Session terminated. |
| | Caerphilly | Do. Congregational Church Vestry, Van Road, Caerphilly | Ante-natal .. Infant Welfare Ante-natal .. | | Clinic closed. Clinic closed. |
| Mid-Glamorgan | Bridgend .. | Council Offices, Glan Ogwr, Bridgend | Ante-natal .. | | Clinic closed. |
| | Nantymoel | Glanrhyd, Nantymoel .. | Ante-natal .. | Tuesday afternoons, fortnightly | Previously held Monday afternoons, fortnightly. |
| | Cornelly .. | Methodist Chapel, Cornelly | Combined Ante-natal and Infant Welfare | Tuesday afternoons, weekly | Previously separate sessions. |
| | Cefn Cribbwr | The Public Hall, Cefn Cribbwr | Combined Ante-natal and Infant Welfare | Monday afternoons, fortnightly | Previously separate sessions. |
| Neath and District | Aberdulais | The Boys' Club, Aberdulais | Infant Welfare | Tuesday afternoons, fortnightly | Previously held at the Baptist Chapel Vestry, Aberdulais |
| Pontypridd and Llantrisant | Beddau .. | Mount Pleasant, Beddau | Ante-natal .. | | Session terminated. |
| Port Talbot and Glyncoirwg | Tonmawr .. | Tonmawr Primary School, Tonmawr | Infant Welfare | Thursday afternoons, fortnightly | Previously held at the Welfare Hall, Tonmawr. |
| | Pontrhydfen | Welfare Hall, Pontrhydfen | Infant Welfare | Tuesday afternoons, fortnightly | Clinic moved from old Welfare Hall to new Welfare Hall. |
| South-East Glamorgan | Rhiwbina .. | Recreation Hall | Infant Welfare | Monday and Thursday afternoons, weekly | Previously held Monday afternoons only. |
| West Glamorgan | Penllyne .. | Mobile Clinic | Infant Welfare | | Clinic discontinued. |
| | Clydach .. | Calfaria Baptist Chapel, Clydach | Infant Welfare | Monday afternoons, fortnightly | Previously held at the old British Restaurant, Mond Square, Clydach. |
| | Gowerton | Rechabite Hall, Gowerton | Infant Welfare | Monday afternoons, fortnightly | Previously held Wednesday afternoons, fortnightly. |

The following table give statistical details of the services provided for the care of mothers and young persons during the year :—

| | | | Aberdare and Mountain Ash. | Caerphilly and Gelligaer. | Mid-Glamorgan. | Neath and District. | Pontypridd and Llantrisant. | Port Talbot and Glyncorrwg. | South-East Glamorgan. | West Glamorgan. | Rhondda. | Totals. | |
|---|---|------------------|--|------------------------------|--------------------------|--------------------------|--------------------------------|--------------------------------|--------------------------|--------------------------|--------------------------|------------------------|-----------------------------|
| BIRTHS. | | | | | | | | | | | | | |
| No. of births notified | { | (a) Live births | { Domiciliary Institutional | 344 683 | 785 613 | 762 1,208 | 407 664 | 559 613 | 452 729 | 730 1,608 | 239 772 | 820 808 | 5,098 7,698 |
| | | (b) Still-births | { Domiciliary Institutional | 3 24 | 7 23 | 8 31 | 4 30 | 7 17 | 4 19 | 2 44 | 3 27 | 21 40 | 59 255 |
| ANTE-NATAL AND POST-NATAL CLINICS. | | | | | | | | | | | | | |
| (a) No. of clinics provided at the end of the year | | | { Ante-natal clinics Post-natal clinics | 10 — | 12 3 | 18 — | 7 — | 6 — | 12 — | 9 — | 6 — | 7 7 | 87 10 |
| (b) No. of sessions held per month at clinics included in (a) | | | { Ante-natal clinics M.O. .. Midwives .. Post-natal clinics | 25 — — | 32 — 3 | 42 — — | 30 — — | 30 — — | 50 — — | 28 — — | 24 — — | 44 7 | 305 — 10 |
| (c) No. of women who attended during the year | | | { Ante-natal clinics Post-natal clinics* | 978 217 | 1,472 339 | 813 41 | 1,266 288 | 1,260 75 | 1,549 100 | 2,038 — | 588 102 | 1,291 91 | 11,255 1,253 |
| (d) No. of new cases included in (c), i.e. for A.N. clinics women who had <i>not</i> previously attended any clinic during current pregnancy and for P.N. clinics women who had <i>not</i> previously attended any P.N. clinic after last confinement | | | { Ante-natal clinics Post-natal clinics* | 773 217 | 1,109 271 | 672 40 | 891 288 | 602 71 | 1,179 100 | 1,274 — | 498 100 | 983 91 | 7,981 1,178 |
| (e) Total No. of attendances made by women included in (c) | | | { Ante-natal clinics M.O. .. Midwives .. Post-natal clinics* | 4,371 — 217 | 6,155 — 509 | 2,810 — 41 | 5,667 — 325 | 3,565 — 78 | 6,027 — 106 | 4,426 — — | 3,079 — 117 | 7,234 — 91 | 43,334 — 1,484 |
| * Women post-natally examined at ante-natal clinics are included. | | | | | | | | | | | | | |
| INFANT WELFARE CENTRES. | | | | | | | | | | | | | |
| (a) No. of centres provided | | | | 10 | 21 | 30 | 14 | 14 | 16 | 49 | 20 | 8 | 182 |
| (b) No. of sessions held per month at centres in (a) | | | | 36 | 57 | 98 | 38 | 51 | 58 | 111 | 52 | 40 | 541 |
| (c) No. of children who attended centres for the first time during the year who were under 1 year of age | | | | 1,032 | 1,283 | 1,876 | 1,045 | 1,169 | 1,170 | 2,091 | 977 | 1,492 | 12,135 |
| (d) No. of children who attended during the year who were born in | | | { 1962 1961 1957-1960 | 926 940 1,287 | 1,189 1,002 1,078 | 1,679 1,613 1,952 | 956 1,004 1,252 | 1,118 1,107 1,461 | 1,043 945 1,113 | 2,217 2,078 1,818 | 820 758 507 | 1,237 1,051 658 | 11,185 10,498 11,126 |
| (e) Total No. of children who attended the centres during the year | | | | 3,153 | 3,269 | 5,244 | 3,212 | 3,686 | 3,101 | 6,113 | 2,085 | 2,946 | 32,809 |
| (f) No. of attendances during the year made by children who at the date of the first attendance were | | | { Under 1 year .. 1 year but under 2 years 2 years but under 5 years | 11,499 3,132 2,780 | 15,446 2,627 2,734 | 25,180 5,755 5,807 | 13,161 3,644 3,712 | 14,420 3,291 3,192 | 15,183 2,640 2,848 | 24,554 5,293 5,012 | 12,220 2,322 1,703 | 10,349 1,267 717 | 142,012 29,971 28,505 |
| (g) Total No. of attendances made during the year | | | | 17,411 | 20,807 | 36,742 | 20,517 | 20,903 | 20,671 | 34,859 | 16,245 | 12,333 | 200,488 |

EXPECTANT AND NURSING MOTHERS.

On 31st December, clinic facilities were available for expectant mothers at eighty-seven centres, forty-seven of these being County Council owned premises. Whilst the number of ante-natal clinic sessions held increased to 305, the number of attendances showed a decrease from 46,211 during 1961 to 43,334. The total number of women seen increased from 10,911 in 1961 to 11,255 in 1962.

The Divisions showing an increase in the number of cases were Port Talbot and Glyncoirwg and South-East Glamorgan. The highest increase, 115, was recorded in the South-East Glamorgan Health Division.

In Glamorgan, 6,523 women were confined in hospitals in 1962. This represents 55.9 per cent of all confinements. 5,146 women had their babies at home.

The work done at our maternity and child welfare clinics is of a high standard, and a personal interest is taken in those who attend. In the ante-natal clinics the patient's urine and blood pressure are systematically checked, and blood samples collected for laboratory analysis for haemoglobin estimation, blood grouping, Rh. Factor, and Wassermann Reaction.

Ante-natal classes are held in an informal and friendly manner; general advice is given on diet, hygiene, and any problems which may be disturbing the patient's peace of mind.

POST-NATAL CLINICS.

The total number of mothers who attended the Authority's clinics for post-natal examination in 1962 was 1,253, a decrease of 243 compared with the figures for 1961. Only in the area of Caerphilly and Gelligaer Health Division and Rhondda Borough are special post-natal clinics held. In the remaining Divisions, post-natal examinations are usually made at ante-natal clinics.

CARE OF UNMARRIED MOTHERS.

The illegitimate birth rate for the County in 1962 was 38.1 per thousand births. The rate for England and Wales was 66. The actual number of illegitimate births in Glamorgan was 491. Sixty-three unmarried mothers were admitted for confinement to hostels under the County Council scheme. The Salvation Army hostels at Cardiff and Bristol, the Cwmdonkin Shelter, Swansea, and the Llandaff Diocesan Church Home, Penarth, all give timely help to the unmarried mothers referred to them, and I am indebted to these bodies for their readiness to co-operate, often at very short notice, in finding vacant places for the cases brought to their attention.

Most of the pregnant girls who seek help are youngsters—teenagers or in the early twenties—although occasionally married women with an illegitimate pregnancy are found accommodation when the circumstances justify their acceptance. Applications for admission are sometimes withdrawn due to the reconciliation with the family, and the health visitors do what they can in all cases to prevent disharmony between the girl and her parents.

ANTE-NATAL CLASSES.

Miss J. M. Davies, the Deputy Principal Nursing Officer, has submitted the following report:—
"Parentcraft in Local Authority Clinics."

The teaching of Mothercraft has continued again this year in all Divisions. Every year a number of health visitors are sent on a Postgraduate Educational Course and bring back an added enthusiasm for the work of teaching, for good Mothercraft has come to mean much more than the maintenance of the children's physical health. It is to educate for parenthood and give guidance in reaching the highest mental, physical, and emotional level capable by the individual.

Women are now more knowledgeable in their approach to the tasks and responsibilities of motherhood, helped by the media of television, radio, and magazines, and most mothers have for their infants a natural maternal skill and an instinctive knowledge of the needs of the child. In spite of all this knowledge it is felt that a more practical as well as a theoretical angle needs to be taught, and in the mothercraft class the encouragement of group discussion as well as practical demonstrations is encouraged. This year we have started a group discussion and baby care class in one of the unmarried mothers' homes in the County. This is proving a great success, and a good relationship has grown up between the health visitor and the girls in the home.

Parentcraft being a dual responsibility, the inclusion of husbands in this health programme is essential, especially as many problems of child management hinge on joint decisions. There has not been an increase in this field, mainly because of shortage of male medical staff, but it is encouraging to note that some Divisions intend starting in the near future.

By study, discussion, and interchange of experiences of parents, the rising generation should get the best possible general training in matters of health".

The following tables give statistics of (a) 1962 ante-natal classes, and (b) the growth of the ante-natal classes from 1956, which is the first year for which actual figures are obtainable, although classes were held as far back as 1951 :—

TABLE I.

| 1962 | Number of courses arranged. | Number of mothers attended. | Number of attendances. | Evening Parentcraft Sessions | Number who attended. |
|-------------------------------------|-----------------------------------|-----------------------------------|---------------------------|------------------------------------|----------------------------|
| Aberdare and Mountain Ash | 29 | 320 | 1,394 | — | — |
| Caerphilly and Gelligaer .. | 18 | 88 | 450 | — | — |
| Mid-Glamorgan .. | 29 | 200 | 768 | — | — |
| Neath and District | 28 | 275 | 1,309 | — | — |
| Pontypridd and Llantrisant .. | 26 | 231 | 1,053 | 2 | 18 |
| Port Talbot and Glyncorrwg .. | 30 | 304 | 1,542 | — | — |
| S o u t h - E a s t Glamorgan .. | 35 | 328 | 1,749 | 4 | 59 |
| West Glamorgan | 24 | 131 | 992 | — | — |
| Rhondda.. .. | 46 | 366 | 1,102 | 4 | 28 |
| Totals | 265 | 2,243 | 10,359 | 10 | 105 |

TABLE II.

| | | | Number of courses arranged | Number of mothers attended | Number of attendances | Evening Parentcraft Sessions | Number who attended |
|------|----|----|----------------------------------|----------------------------------|--------------------------|------------------------------------|---------------------------|
| 1956 | .. | .. | 61 | 485 | 2,162 | — | — |
| 1957 | .. | .. | 69 | 474 | 2,488 | — | — |
| 1958 | .. | .. | 90 | 767 | 3,487 | — | — |
| 1959 | .. | .. | 178 | 1,546 | 7,013 | 5 | 105 |
| 1960 | .. | .. | 245 | 1,752 | 8,240 | 13 | 167 |
| 1961 | .. | .. | 272 | 2,188 | 10,219 | 15 | 141 |
| 1962 | .. | .. | 265 | 2,243 | 10,359 | 10 | 105 |

CHILDREN UNDER SCHOOL AGE.

At the end of the year there were 182 centres in use as infant welfare clinics, the majority being staffed by whole-time medical officers and health visitors, occasionally supplemented by other nursing help.

The number of sessions held per month was 541 as compared with 542 at the end of 1961. In some clinics qualified nurses not holding a health visitor's certificate assist. There are a few clinics where, by a long-standing arrangement, a local practitioner attends on a sessional basis.

The total attendances decreased from 206,131 in 1961 to 200,488 ; the actual number of children who attended the various centres increased from 32,709 to 32,809.

Most of the attendances are made during the infant's first year of life. Last year the total figures for the County showed a decrease in the three groups in which children under 5 years of age are recorded. The prime cause of this decrease was the cancellation of many sessions during the smallpox outbreak which occurred during the early part of the year.

The examination of boarded-out children is arranged by me for the Children's Committee, either through the School Health Service or, for children over school age, direct with the general practitioners concerned. On this and similar matters of mutual interest and concern, close contact is maintained between the Health and Children's Departments. Meetings of officers called by the Children's Officer as co-ordinating officer, are held bi-monthly in each Health Division under the chairmanship of the Divisional Medical Officer to discuss individual difficult cases and problem families within the knowledge of both departments.

"The Laurels" Nursery at Neath is under the general medical supervision of Dr. H. R. Stubbins, the Divisional Medical Officer, and the services of my department are also given in the special medical examination of boys and girls at remand homes, the Glamorgan Farm School, and the various Children's Homes, including the nursery established at "Cartrefle", Bridgend.

PREVENTION OF PREMATUREITY AND THE CARE OF PREMATURE INFANTS.

Of the 904 premature live births notified, an increase of 16 on the figure for 1961, 212 were born at home compared with 213 in 1961.

It should be noted that, excluding premature babies 3 lb. 4 oz. or less, 143 out of 153 of those born and nursed at home survived the first twenty-eight days.

The number of premature still-births rose to 183 as compared with 147 in 1961. The figures contained in the table on p. 18 are of considerable interest and, in so far as they relate to the survival of premature babies born and nursed entirely at home, reflect credit on the midwives engaged on these cases.

TABLE—PREMATURE BIRTHS (i.e. live-births and still-births of 5½ lb. or less at birth).

| 1. No. of premature live-births notified (as adjusted by transferred notifications). | 2. No. of premature still-births notified (as adjusted by transferred notifications). |
|--|---|
| (a) In hospital 685 | (a) In hospital 147 |
| (b) At home 212 | (b) At home 34 |
| (c) In private nursing homes (A) .. 7 | (c) In private nursing homes (A) .. 2 |
| Total .. 904 | Total .. 183 |

| Weight at birth. | PREMATURE LIVE-BIRTHS. | | | | | | | | | | | | PREMATURE STILL-BIRTHS. | | | | | |
|--|------------------------|-----------------------------|-------------------|---|-----------------------------|-------------------|---|-----------------------------|-------------------|---|-----------------------------|-------------------|---|-----------------------------|-------------------|-------------------|---------------|-----------------------|
| | Born in hospital. (B) | | | Born at home and nursed entirely at home. | | | Born at home and transferred to hospital on or before 28th day. | | | Born in nursing home and nursed entirely there. | | | Born in nursing home and transferred to hospital on or before 28th day. | | | Born in hospital. | Born at home. | Born in nursing home. |
| | | | | | | | | | | | | | | | | | | |
| | Total. | Died within 24 hours birth. | Survived 28 days. | Total. | Died within 24 hours birth. | Survived 28 days. | Total. | Died within 24 hours birth. | Survived 28 days. | Total. | Died within 24 hours birth. | Survived 28 days. | Total. | Died within 24 hours birth. | Survived 28 days. | (17) | (18) | (19) |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) | (12) | (13) | (14) | (15) | (16) | | | |
| 3 lb. 4 oz. or less .. (1,500 gms. or less) | 73 | 28 | 30 | 5 | 2 | 1 | 16 | 7 | 5 | — | — | — | — | — | — | 65 | 13 | 1 |
| Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. .. (1,500–2,000 gms.) | 145 | 10 | 117 | 22 | 2 | 17 | 15 | 2 | 12 | 1 | — | 1 | — | — | — | 38 | 13 | 1 |
| Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. .. (2,000–2,250 gms.) | 152 | 4 | 143 | 17 | 1 | 15 | 15 | — | 15 | 2 | — | 2 | — | — | — | 25 | 1 | — |
| Over 4 lb. 15 oz. up to and including 5 lb. 8 oz. .. (2,250–2,500 gms.) | 315 | 5 | 303 | 114 | — | 111 | 8 | — | 8 | 4 | — | 4 | — | — | — | 19 | 7 | — |
| Total (C) .. | 685 | 47 | 593 | 158 | 5 | 144 | 54 | 9 | 40 | 7 | — | 7 | — | — | — | 147 | 34 | 2 |

Notes.—(A) "Private Nursing Home" includes nursing homes and maternity hospitals and homes not in the National Health Service and mother and baby homes where women are confined in the home.

(B) The group under this heading will include cases which may be born in one hospital and transferred to another hospital.

(C) The totals in the above tables correspond with the appropriate figures in items 1 and 2, e.g. item (b) corresponds with the sum of the total of columns (5) and (8).

Births in an ambulance or in the street have been listed under the place to which the case was immediately transferred.

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948.

Under this Act the County Council is responsible for the registration and supervision of establishments catering for the minding of three or more children during the day. The Act also provides for the registration of persons engaged in the day-minding of children for reward. There are eight child-minding establishments and ten child-minders registered under the Act. Routine visits of inspection were paid during the year.

OTHER PROVISION.

In most of the Divisions special clinics are held for the benefit of mothers recommended by their family doctor as requiring advice on birth control for medical reasons and also for the treatment of minor gynaecological conditions. They are staffed by experienced women medical officers, and suitable appliances are available for purchase.

All these clinics are well attended.

DISTRIBUTION OF WELFARE FOODS.

At present more mothers tend to buy liquid milk at the cheap rate and milk foods of proprietary brands rather than National Dried Milk.

Although in 1962 the previously noted fall in the quantities of National Dried Milk sold was halted, the sales of proprietary brands increased in value by £8,000.

As may be seen from the following table, the new prices imposed in June 1961 for orange juice, cod liver oil, and vitamin tablets were followed by a fall in the sale of these products :—

| | Tins of National Dried Milk | Bottles of Cod liver Oil | Bottles of Orange Juice | Packets of Vitamin A & D Tablets |
|---------|-----------------------------------|-----------------------------|----------------------------|--|
| 1960 .. | 83,820 | 40,447 | 310,102 | 26,969 |
| 1961 .. | 67,261 | 17,669 | 139,633 | 15,542 |
| 1962 .. | 71,099 | 12,764 | 127,348 | 12,015 |

No evidence has been found in the County which would suggest that children are suffering from vitamin deficiencies resulting from the decrease in the sale of Ministry of Health vitamin supplements.

CONGENITAL ABNORMALITIES.

Results of clinical research published in September 1961 indicated the probable effects of Thalidomide on babies whose mothers had taken this drug in early pregnancy.

The drug was withdrawn from sale in this country in November of that year. Time will prove whether this was the only drug responsible for the gross malformation and skeletal limb deficiencies which have been reported.

By 31st August, 1962, all the babies likely to have been affected by Thalidomide would have been born, and, at the request of the Ministry of Health, an enquiry was made concerning each baby with congenital deformity due or possibly due to Thalidomide born alive in each of the years 1960 and 1961 and up to 31st August, 1962.

A nominal roll of these babies in Glamorgan was prepared and details of their clinical condition supplied to the Ministry of Health. It is likely that most, if not all of them, will need special hospital, educational, and welfare facilities.

In December, Professor A. G. Watkins extended his Cerebral Palsy Assessment Clinic to include children suffering from phocomelia. The clinic is essentially an assessment clinic and does not undertake the therapeutic care of the patient. A medical officer from the Artificial Limb and Appliance Centre is in attendance, and the clinic enables representatives of all the services involved in the care of these handicapped children to meet to discuss the various aspects of care most suited for individual children.

From information available in my department, the following table shows the number of children born in Glamorgan with deformities during this period :—

| Health Division | | | | | | Aberdare and Mountain Ash | Mid-Glamorgan | Port Talbot and Glyncorrwg | South-East Glamorgan | West Glamorgan | Rhondda | Total |
|--|---|------------|--|--|--|------------------------------|---------------|-------------------------------|-------------------------|----------------|---------|-------|
| Number of babies born alive | | | | | | 1 | 3 | 3 | 13 | 5 | 4 | 29 |
| Number of babies who have died | | | | | | - | - | 1 | 3 | 1 | 2 | 7 |
| Number surviving | | | | | | 1 | 3 | 2 | 10 | 4 | 2 | 22 |
| Thalidomide known with certainty to have been taken by mother | { | Baby died | | | | - | - | 1 | - | - | - | 1 |
| | | Baby alive | | | | 1 | 1 | 1 | 4 | - | 1 | 8 |
| Thalidomide probably taken by mother .. | { | Baby died | | | | - | - | - | 2 | - | - | 2 |
| | | Baby alive | | | | - | - | - | 3 | 1 | - | 4 |
| No indication of Thalidomide having been taken by mother | { | Baby died | | | | - | - | - | 1 | 1 | 2 | 4 |
| | | Baby alive | | | | - | 2 | 1 | 3 | 3 | 1 | 10 |

Of the twenty-two surviving children in Glamorgan, it is known with certainty that eight mothers had taken Thalidomide. Thalidomide had probably been taken by four mothers, but the mothers of the remaining ten children had not taken Thalidomide.

Considerable attention and public sympathy has been directed to these unfortunate children and their parents. I have no doubt that everything that is possible will be done by all the agencies concerned to ensure that the children will receive appropriate treatment, education, and care to help them to live full, happy, and useful lives.

SUPPLY OF MEDICAMENTS TO MOTHERS AND YOUNG CHILDREN.

During the year the Welsh Board of Health drew the attention of local health authorities to the fact that charges could be made for medicaments (including vitamin supplements) supplied to patients attending ante-natal and infant welfare clinics.

The Committee, after considering the matter and noting that the National Assistance Board had no power to refund charges for medicaments which might be made by local health authorities, decided that no charge be made.

DENTAL CARE.

The following report on the dental treatment of nursing and expectant mothers and children of pre-school age has been submitted by Mr. H. P. R. Williams, L.D.S., R.C.S.(Eng.), the Principal Dental Officer :—

“During 1962 our dental service was again restricted by a shortage of dental staff. The position remained much as in 1961 until September, when we were reinforced by the appointment of Mr. Hardie Care as Area Dental Officer for the West Glamorgan and Neath and District Health Divisions, and Mr. C. Ellis James for the Aberdare and Mountain Ash and Pontypridd and Llantrisant Health Divisions.

The National Health Service Act, 1961, enables expectant and nursing mothers to obtain all dental treatment and appliances through the National Health Service free of cost. Prior to the operation of this Act they were eligible for free treatment only, and had to come to the local health authority clinic if they wished to obtain dentures without charge.

The girl who, after leaving school, receives her dental treatment from a private dentist, therefore, continues as his patient on attaining motherhood and, in turn, is perhaps more likely to take her child along to the one who will become the family dental surgeon.

During 1962 there was a decrease in the number of expectant and nursing mothers referred to the clinics. It is not, of course, possible to say with accuracy to what extent this reduction is due to the circumstances mentioned above.

As a local authority our prime concern is, of course, to ensure the dental fitness of the priority groups, and eventually the whole population. With this end in view, emphasis is always placed on the great need for dental care and hygiene. Posters are displayed and a great deal of literature is made available at the clinics.

A further advance in this field was the appointment of Miss E. C. Williams as a dental auxiliary in the Port Talbot and Glyncoirwg Health Division, where she has done valuable Health Education work, including talks to expectant mothers attending ante-natal classes. I know that these talks have been greatly appreciated, and I look forward to an expansion of this aspect of our work.

Of the 808 mothers who attended the clinics during the year, 745 were found to need dental treatment. However, whilst 678 commenced a course of treatment, only 410 of these completed the treatment and were made dentally fit. Most of the “defaulters” were women who came for treatment late in pregnancy, with a consequent interruption of the course of treatment over the period of confinement and puerperium. After the arrival of baby, the mother often finds it more difficult to keep clinic appointments.

In the treatment of adults there was a slight increase in the number of fillings from 478 in 1961 to 505 in 1962, but a decrease from 3,853 extractions to 2,470. I welcome this decrease in the number of extractions but, nevertheless, would be happier if the mothers concerned would come for treatment early enough for a much larger proportion of the teeth to be saved.

SECTION 23—COUNTY DOMICILIARY MIDWIFERY SERVICE.

It is sixty years since the Midwives Act, 1902, was placed on the Statute Book. The first County Medical Officer referred to the Act, which came into operation on 1st April, 1903, as making "provision for the safeguarding of the public against the risk involved through ignorant women undertaking the duties of midwives".

Some 980 application forms were sent out to women who applied for certificates to practise midwifery. These were women who habitually and for gain attended women in childbirth without a medical practitioner, or who occasionally attended confinements, not necessarily for gain.

Up to 1st April, 1905, "any woman who had been in *bona fide* practice for at least one year prior to 31st July, 1902, and could produce evidence of this fact, together with trustworthiness, sobriety, and good moral character, could claim to be enrolled". According to the County Medical Officer's annual report for 1904, 751 midwives were enrolled, and of this number it would appear that only about 7 per cent of them had received the meagre training that was then available. Formal inspection of midwives, as required under the Act, was to be undertaken by a "trained nurse, certificated in midwifery".

These were the early stages in the evolution of midwifery as a separate branch of the nursing profession.

The Midwives Act, 1936, further consolidated the status of the midwife and placed on County Councils and County Boroughs the obligation to provide a salaried midwifery service for domiciliary work. Many of the midwives then in private practice who could not be absorbed into the salaried service relinquished their certificates and were compensated for loss of practice. Since then the supply of midwives prepared to practice their profession has steadily diminished.

Unfortunately, in the post-war period growing difficulties of recruitment, particularly to domiciliary midwifery, has been a cause for concern. Most local health authorities and hospitals are trying, without much prospect of success, to maintain a supply of midwives adequate for the needs of their respective services.

Reference has frequently been made in previous annual reports to the acute shortage and the further difficulties likely to be faced as more domiciliary midwives reach the age of retirement and competition becomes ever keener for recruits for general nursing, teaching, social work, and other rapidly expanding professions.

In many Divisions where midwifery vacancies have remained unfilled, or the ranks have been depleted by illness, a considerable burden has been placed on the remaining staff. There is a limit, however, to the extent to which hard-pressed midwives can be requested or expected to forego off-duty periods, or postpone holidays, to meet service needs. In some Divisions an experiment is being made to see whether a measure of relief might be afforded by regrouping midwives in particular areas and establishing a rota system which would allow midwives a little more free time or an occasional night off duty.

On 31st December, 1962, there were in the Administrative County 133 domiciliary midwives who had notified their intention to practise. Three of this number were practising as independent midwives. In the County Domiciliary Service 130 were employed, sixteen being engaged as nurse-midwives; this was three short of the establishment of 133.

In the ten-year plan it is estimated that the equivalent number of whole-time County midwives required by 1967 will be 157½, and in 1972, 155, as the hospital plan makes provision for additional maternity beds so that by then it is estimated that 70 per cent of all confinements will take place in hospital. This percentage is in accordance with the recommendations of the Cranbrook Committee, which have been accepted by the Government. As the estimated number of births in 1972 is almost the same as the number of live and stillbirths recorded in 1960, during which year only 42 per cent of confinements took place in hospital, the number of domiciliary confinements will, consequently, be reduced. This, however, will be offset by the care of mothers discharged early from hospital.

Of the total number of 13,110 births which took place at home or in hospital in 1962, County midwives attended 5,139 deliveries, an increase of 106 compared with the previous year.

Three babies were born in ambulances during transport to hospital of mothers in labour.

The arrangements whereby midwives in certain areas assist their home nursing colleagues in the nursing of other than midwifery patients continued during the year, and a total of 8,570 home nursing visits were made by County midwives. This figure is 300 more than in 1961.

ANALGESIA IN MIDWIFERY.

All County midwives have received training in the use of gas and air analgesia and have been supplied with apparatus for its administration.

During 1962 the number of patients who received gas and air analgesia was 3,474, i.e. ninety less than in 1961. Expressed in terms of percentages, 67·5 per cent of cases attended in 1962 received gas and air analgesia, compared with 70·5 per cent in 1961.

Pethedine was administered to 3,173 patients, or 61·8 per cent of the cases attended.

Trichloroethylene was administered to 1,719 patients during the year, i.e. an increase of 232 compared with 1961. There are now fifty-seven sets of apparatus in use.

SUPERVISION OF MIDWIVES.

This work devolves in the main on the Divisional Non-Medical Supervisors acting under the general direction of the Divisional Medical Officers, with the Principal Nursing Officer acting on my behalf as liaison officer.

Except in the Rhondda, Mid-Glamorgan, and South-East Glamorgan Divisions, where supervision of the Home Help Service is done by the County Home Help Organiser or her assistants, the Non-Medical Supervisors of Midwives undertake some of this work which, in most Divisions, is shared with the Divisional Superintendent Health Visitor. In all Divisions the Non-Medical Supervisors are responsible also for the supervision of the County Home Nursing Service.

The following table shows the number of visits made by the Non-Medical Supervisors under the different headings of service. The total figures for the previous year are also given in brackets for the purpose of comparison :—

SUPERVISION OF MIDWIVES, HOME NURSES, AND HOME HELPS.

| Number of Visits including visits of Inspection made by the Divisional Supervisor of the Midwifery, Home Nursing, and Home Help Services. | Aberdare and Mountain Ash. | Caerphilly and Gelligaer. | Mid-Glamorgan. | Neath and District. | Pontypridd and Llantrisant. | Port Talbot and Glyncorrwg. | South-East Glamorgan. | West Glamorgan. | Rhondda. | Totals. |
|---|----------------------------|---------------------------|----------------|---------------------|-----------------------------|-----------------------------|-----------------------|-----------------|----------|---------------|
| (a) To County Midwives | 247 | 295 | 155 | 199 | 204 | 119 | 209 | 131 | 148 | 1,707 (1,647) |
| (b) To Independent Midwives | — | — | — | — | — | — | 1 | — | 3 | 4 (4) |
| (c) To Nursing Homes | — | — | 3 | — | — | — | 16 | 9 | — | 28 (41) |
| (d) To Home Nurses | 230 | 270 | 160 | 98 | 180 | 40 | 192 | 85 | 87 | 1,342 (1,258) |
| (e) To Home Helps and Applicants for Home Help | 463 | 656 | 3 | 693 | 742 | 983 | 2 | 1,037 | — | 4,979 (4,660) |

SUPERVISION OF NURSING HOMES.

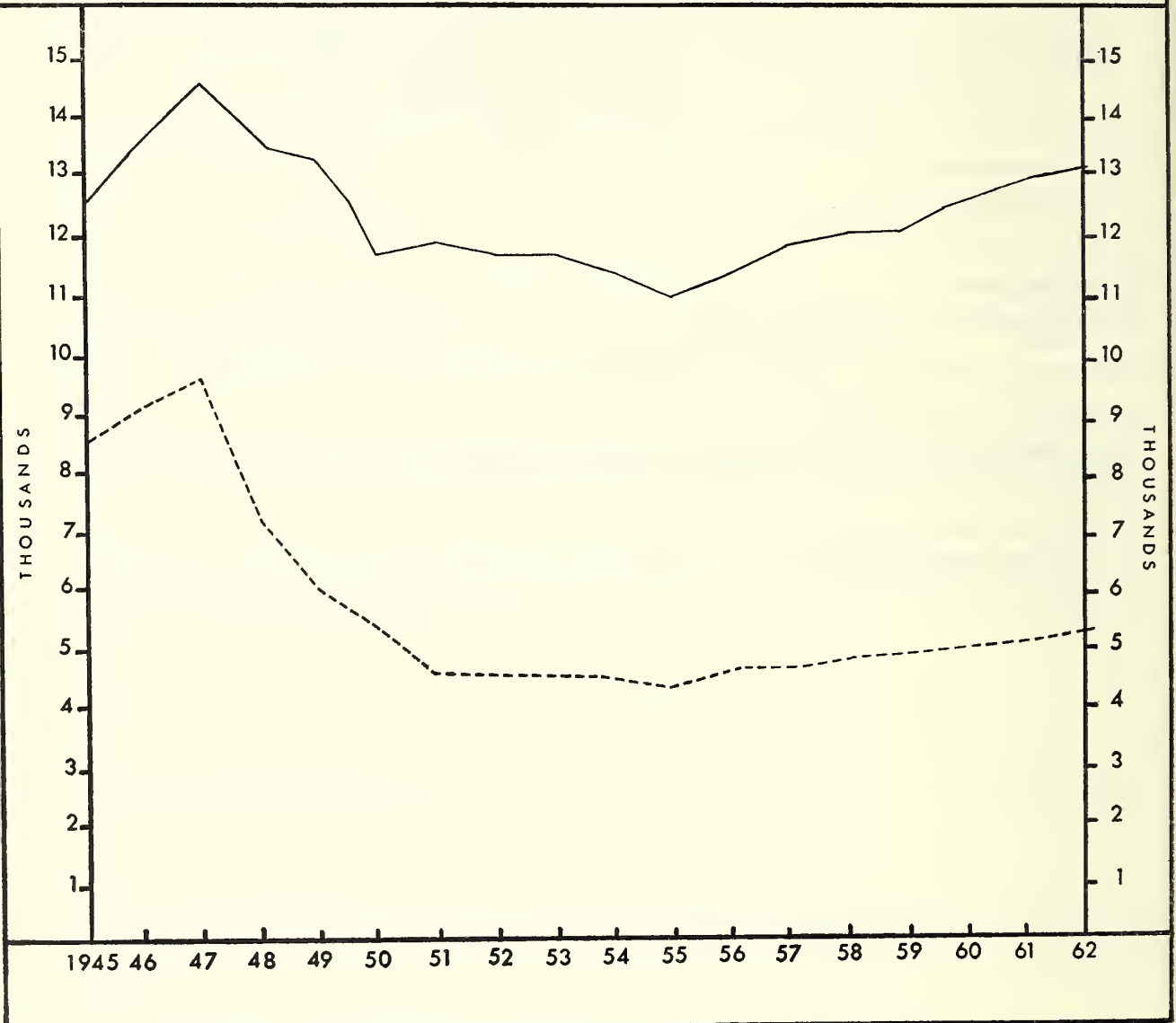
Regular inspections were carried out during the year to ensure the proper maintenance of the two nursing homes registered under section 187 of the Public Health Act, 1936.

NURSES' ACTS, 1943 AND 1945.

At the end of the year there were no agencies registered under the Nurses' Acts, 1943 and 1945.

BIRTHS

—— Total Births
..... Domiciliary Births



STATISTICS.

| | Aberdare and Mountain Ash. | Caerphilly and Gelligaer. | Mid-Glamorgan. | Neath and District. | Pontypridd and Llantrisant. | Port Talbot and Glyncorrwg. | South-East Glamorgan. | West Glamorgan. | Rhondda. | Totals. | |
|--|---|------------------------------|----------------|------------------------|--------------------------------|--------------------------------|--------------------------|-----------------|----------|---------|-------|
| MATERNITY CASES ATTENDED BY DOMICILIARY MIDWIVES DURING THE PERIOD. | | | | | | | | | | | |
| COUNTY MIDWIVES— | | | | | | | | | | | |
| Doctor Not Booked | Doctor present at delivery | — | 3 | 4 | 11 | 3 | — | 3 | 1 | 7 | 32 |
| | Doctor not present at de- livery | — | 64 | 41 | 105 | 39 | 37 | — | 7 | 78 | 371 |
| Doctor Booked | Doctor present at delivery | 5 | 46 | 60 | 32 | 47 | 36 | 56 | 37 | 107 | 426 |
| | Doctor not present at de- livery | 342 | 685 | 667 | 269 | 474 | 380 | 657 | 197 | 639 | 4,310 |
| MIDWIVES IN PRIVATE PRACTICE— | | | | | | | | | | | |
| Doctor Not Booked | Doctor present at delivery | — | — | — | — | — | — | — | — | — | — |
| | Doctor not present at de- livery | — | — | — | — | — | — | — | — | — | — |
| Doctor Booked | Doctor present at delivery | — | — | — | — | — | 2 | — | 1 | 3 | 3 |
| | Doctor not present at de- livery | — | — | — | — | — | — | — | 4 | 4 | 4 |
| ADMINISTRATION OF ANALGESICS. | | | | | | | | | | | |
| No. of Midwives in practice in the area qualified to administer analgesics | Domiciliary .. | 10 | 19 | 18 | 10 | 10 | 12 | 20 | 14 | 17 | 130 |
| | In institutions | 20 | 6 | 24 | 23 | 9 | — | 8 | 15 | 10 | 115 |
| | Private prac- tice .. | — | — | — | — | — | — | — | — | — | — |
| No. of sets of apparatus for the administration of Gas and Air analgesia in use by County Midwives | | | | | | | | | | | |
| | | 10 | 19 | 18 | 10 | 10 | 12 | 20 | 14 | 17 | 130 |
| No. of cases in which gas and air was administered by County Midwives— | | | | | | | | | | | |
| (a) When doctor not present at delivery .. | | 278 | 489 | 488 | 180 | 278 | 315 | 499 | 155 | 507 | 3,189 |
| (b) When doctor present at delivery | | 1 | 29 | 38 | 24 | 17 | 22 | 48 | 28 | 78 | 285 |
| No. of cases in which pethedine was administered by County Midwives— | | | | | | | | | | | |
| 1. (a) When doctor not present at delivery .. | | 228 | 462 | 530 | 244 | 265 | 222 | 409 | 144 | 401 | 2,905 |
| (b) When doctor present at delivery | | 1 | 32 | 41 | 27 | 25 | 19 | 42 | 24 | 62 | 273 |
| 2. by Midwives in Private Practice— | | | | | | | | | | | |
| (a) When doctor not present at delivery .. | | — | — | — | — | — | — | — | — | — | — |
| (b) When doctor present at delivery | | — | — | — | — | — | — | — | — | — | — |
| No. of cases in which Trilene was administered by County Midwives— | | | | | | | | | | | |
| (a) When doctor not present at delivery | | 160 | 248 | 184 | 158 | 190 | 183 | 180 | 64 | 188 | 1,555 |
| (b) When doctor present at delivery | | — | 17 | 22 | 23 | 22 | 17 | 16 | 15 | 28 | 160 |
| No. of sets of apparatus in use by County Midwives | | | | | | | | | | | |
| | | 6 | 6 | 6 | 7 | 6 | 7 | 6 | 6 | 7 | 57 |

POSTGRADUATE COURSES.

(a) *Midwives.*

A further refresher course was held at Dyffryn House from 29th April to 5th May, 1962. In addition to Glamorgan County midwives, County midwives from Pembrokeshire and hospital midwives from Glamorgan attended.

The total number of midwives was thirty-seven, made up as follows :—

| <i>Sending Authority.</i> | | <i>No.</i> |
|---------------------------------------|---------|------------|
| Glamorgan County Council | .. | 21 |
| Pembrokeshire County Council | .. | 3 |
| <i>Hospital Management Committee.</i> | | |
| Glantawe | | 2 |
| Merthyr and Aberdare | | 1 |
| Mid-Glamorgan | | 6 |
| Pontypridd and Rhondda | | 4 |
| | | — 13 |

Miss E. J. Moseley, Principal Nursing Officer, acted as Warden for the course and was assisted by Miss B. Owen, Divisional Non-Medical Supervisor of Midwives for the South-East Glamorgan Health Division, and Miss I. H. Jones, of the Rhondda Health Division.

Professor A. S. Duncan, of the Department of Obstetrics and Gynaecology, Welsh National School of Medicine, delivered the inaugural address "Midwifery Practice in the Future", and the following is a list of the other lectures and events :—

| <i>Subject.</i> | <i>Lecturer.</i> |
|---|--|
| "Congenital Defects" | Professor A. G. Watkins, Department of Child Health, Welsh National School of Medicine. |
| "Aspects of Analgesia in Obstetrics" .. | Professor W. W. Mushin, Department of Anaesthetics, Welsh National School of Medicine. |
| "The Unmarried Mother" | Mrs. A. M. Cook, J.P., Organising Secretary, Llandaff Diocesan Association for Moral Welfare. |
| "Blood Transfusion in Pregnancy" .. | Dr. Beryl Bevan, National Blood Transfusion Service—Welsh Division. |
| "Anaemia in Pregnancy" | Dr. A. J. Thomas, Consultant Physician, Llandough Hospital, Penarth. |
| "Parentcraft" | Miss E. G. Wright, County Superintendent Health Visitor/School Nurse, Glamorgan. |
| "Ante-natal Assessment" | Dr. J. G. Lawson, Department of Obstetrics and Gynaecology, Welsh National School of Medicine. |
| "Rules of the Central Midwives Board" | Miss E. Snelling, Educational Supervisor, Central Midwives Board. |
| "Mental Health in Pregnancy" .. | Dr. R. T. Bevan, Deputy County and Principal School Medical Officer, Glamorgan. |
| "Principles of Adoption Work" .. | Mr. W. D. Davies, Deputy Children's Officer, Glamorgan. |

Visits were paid to :—

Ames Company Factory, Bridgend.
Welsh Folk Museum, St. Fagans.

Films were shown on :—

“Pembroke, My County.”
“O for Oxygen.”
“Unseen Horizons.”
“Quads are Born.”

(b) *Non-Medical Supervisors of Midwives.*

A postgraduate course for non-medical supervisors of midwives was held at Tetley Hall, Leeds University, from 8th to 14th April, 1962, when the following supervisors attended :—

| | | |
|--------------------|----|---|
| Miss E. J. Moseley | .. | Principal Nursing Officer. |
| Mrs. M. Charles | .. | Mid-Glamorgan Health Division. |
| Miss. S. O. Morgan | .. | Port Talbot and Glyncorrwg Health Division. |
| Miss G. Thomas | .. | West Glamorgan Health Division. |

Medical Aid.

This was summoned in accordance with the rules of the Central Midwives Board on 1,375 occasions for reasons shown in the following table. This compares with the figures of 1,485 for 1961, and 1,454 for 1960.

MIDWIVES ACT, 1951.

SUMMARY OF THE REASONS FOR SENDING FOR MEDICAL HELP FOR THE YEAR 1962.

| | Aberdare and Mountain Ash. | Caerphilly and Gelligaer. | Mid-Glamorgan. | Neath and District. | Pontypridd and Llantrisant. | Port Talbot and Glyncorrwg. | South-East Glamorgan. | West Glamorgan. | Rhondda. | Totals. |
|-----------------------------------|-------------------------------|------------------------------|----------------|------------------------|--------------------------------|--------------------------------|--------------------------|-----------------|----------|---------|
| (1) RELATING TO MOTHER. | | | | | | | | | | |
| (i) <i>Ante-natal.</i> | | | | | | | | | | |
| (a) Albuminuria | 24 | — | 17 | 5 | 6 | 2 | — | 2 | 9 | 65 |
| (b) Eclampsia | — | — | — | — | — | — | — | — | 1 | 1 |
| (c) Ante-partum haem. | 13 | 18 | 5 | — | 4 | 5 | 9 | 3 | 16 | 73 |
| (d) Abortions | — | 16 | 2 | 10 | 2 | 1 | 4 | 5 | 4 | 44 |
| (e) Miscellaneous | 25 | 7 | 14 | 3 | 4 | 8 | 6 | 4 | 31 | 102 |
| (f) Raised blood pressure | — | — | — | — | — | — | — | — | 6 | 6 |
| (ii) <i>Natal.</i> | | | | | | | | | | |
| (a) Placenta praevia | — | 1 | — | — | 2 | — | — | — | — | 3 |
| (b) Prol. 1st st. lab. | 6 | 18 | 20 | 4 | 8 | 1 | 5 | 3 | 26 | 91 |
| (c) Prol. 2nd st. lab. | 3 | 20 | 7 | 1 | 12 | 1 | 4 | 6 | 22 | 76 |
| (d) Ab. presentation | 8 | 5 | 3 | — | 3 | 5 | 3 | 2 | 13 | 42 |
| (e) Miscellaneous | 8 | 21 | 13 | 11 | 19 | 6 | 7 | — | 5 | 90 |
| (iii) <i>Post-natal.</i> | | | | | | | | | | |
| (a) P.-n. convulsions | — | — | — | — | — | — | — | 2 | — | 2 |
| (b) Albuminuria | — | — | — | — | — | — | — | 2 | — | 2 |
| (c) Rupt. perineum | 17 | 62 | 8 | 22 | 31 | 3 | 29 | 8 | 77 | 257 |
| (d) Plac. abnormal | 9 | 11 | 7 | — | 5 | 6 | 6 | 2 | 6 | 52 |
| (e) Post-partum haem. | 7 | 8 | 16 | 2 | 8 | 7 | 8 | 1 | 14 | 71 |
| (f) Puerp. pyrexia | 4 | 7 | 4 | 4 | 4 | — | 8 | 1 | 4 | 36 |
| (g) Breast conditions | — | — | — | — | 1 | — | 1 | — | 1 | 3 |
| (h) Stillbirth | 3 | 2 | 4 | 5 | 4 | — | 3 | 1 | 5 | 27 |
| (j) Miscellaneous | 14 | 7 | 3 | 10 | 5 | 4 | 4 | — | 14 | 61 |
| (2) RELATING TO INFANT. | | | | | | | | | | |
| (a) Neo-natal dis. | 3 | — | — | — | — | — | — | — | 29 | 32 |
| (b) Asphyxia | 9 | 5 | 10 | — | 3 | 2 | 4 | 2 | 10 | 45 |
| (c) Malformation | 1 | 6 | 5 | — | 4 | 2 | 1 | 5 | 4 | 28 |
| (d) Eye conditions | — | 6 | — | 8 | 3 | 1 | 1 | — | 8 | 27 |
| (e) Prematurity | 3 | 6 | 3 | 4 | 5 | 3 | 7 | 1 | 9 | 41 |
| (f) Skin conditions | — | 5 | 1 | 4 | 2 | — | 1 | — | 3 | 16 |
| (g) Jaundice | 9 | 1 | 1 | 2 | 1 | — | — | 1 | — | 15 |
| (h) Miscellaneous | 8 | 14 | 10 | 6 | 10 | 5 | 5 | 3 | 6 | 67 |
| Totals | 174 | 246 | 153 | 101 | 146 | 62 | 116 | 54 | 323 | 1,375 |

Prolonged first- and second-stage labour, post-partum haemorrhage, stillbirth, and miscellaneous conditions were the main causes relating to mothers, for which medical aid was summoned more frequently last year than during 1961.

The number of instances of abortion for which medical aid was summoned fell during the year to 44, compared with 55 during 1961.

These figures reflect the improved ante-natal care which expectant mothers are now receiving and which has resulted in earlier recognition of toxæmia and the early recognition by the midwives of conditions which are potentially dangerous to mother and infant.

The number of cases in which medical aid was summoned for jaundice and other miscellaneous conditions in infants showed a slight increase.

SECTION 24—HEALTH VISITING SERVICE.

PRINCIPAL NURSING OFFICER.

Consequent upon the retirement of Miss E. G. Wright, who relinquished her appointment as County Superintendent Health Visitor/School Nurse on 27th October, 1962, the Council decided that the post and that of the County Non-Medical Supervisor of Midwives and Home Nurses be combined into one post of Principal Nursing Officer, and that a new post of Deputy Principal Nursing Officer be also established.

Miss E. J. Moseley, the County Non-Medical Supervisor of Midwives and Home Nurses, was appointed Principal Nursing Officer, and Miss Jennet M. Davies, Divisional Superintendent Health Visitor/School Nurse for the Aberdare and Mountain Ash Health Division, was appointed Deputy Principal Nursing Officer.

On 31st December, 1962, the service comprised the Principal Nursing Officer (Miss E. J. Moseley), the Deputy Principal Nursing Officer (Miss Jennet M. Davies), nine divisional superintendents, one whole-time health visitor, 121 health visitors/school nurses, and seven part-time clinic nurses. Three of the health visitors/school nurses, although not in possession of the Health Visitors' Certificate, had been granted dispensation by the Ministry of Health, which enables them to be employed as health visitors.

Losses of health visitors/school nurses and clinic nurses, by resignation and retirements, in 1962 totalled ten. There were thirteen new appointments, of whom five were student health visitors who qualified during the year.

Five other students, sponsored by the Health Committee, are undergoing training for the Health Visitor's Certificate at the Welsh National School of Medicine, and should be ready to present themselves for examination in June 1963.

The arrangements whereby up to six student health visitors, sponsored by the Health Committee, undergo training for the Health Visitor's Certificate at the Welsh National School of Medicine rarely covers the annual loss of existing staff by normal wastage. Whatever the reasons may be for the continued shortage of health visitors the result has been seen in the very restricted sphere of work they are able to undertake. In some of the clinics, clinic nurses, i.e. nurses on the General State Register but who are not health visitors, assist in some of the routine duties. More health welfare officers have been employed, thus relieving health visitors of some of the duties they undertook on behalf of the mentally subnormal.

STUDENTS.

Arrangements are made with the nurse training schools of the hospitals within the County for student nurses to spend some time on the district with a health visitor or home nurse.

Student health visitors who are taking health visitor training at the Welsh National School of Medicine do a period of practical fieldwork in the County. For a two-week period they are attached to health visitors in various parts of the County and undertake visiting in the homes under supervision, attend clinics, take part in mothercraft classes, and obtain an insight into all aspects of health visiting work in the County. This forms a valuable part of their training, and the period spent with our health visitors is much appreciated and enjoyed by the students.

Special enquiries to assist research or investigation undertaken by national organisations make additional inroads into the time of the health visitor, who finds extreme difficulty in fulfilling all the demands on the very limited amount of time available to her for home visits. In most, if not all, of her visits she finds opportunity to lay emphasis on health promotion as well as physical well-being, and her health education activities are given full scope wherever opportunity presents itself.

In addition to home visits undertaken as part of their School Health Service duties, health visitors made a total of 244,107 visits during 1962, a decrease of 24,152 visits, compared with the figure for 1961. Their visits involved 56,991 families or households; this number included 8,167 visits to tuberculous households. The number of children under 5 years of age visited during the year was 57,834, which was 3,625 less than in 1961. The number of visits made to expectant mothers decreased by 2,138, and an increase of 2,767 is recorded in visits to "other cases". The 34,393 visits to "other cases" include visits to proposed adopters and special or routine visits to the aged and infirm, problem families, and mental defectives.

The time of the health visitors is not devoted exclusively to the duties under the National Health Service Acts, slightly more than one-third of their time being employed on School Health Service work. Expressed in terms of whole-time service, the number of health visitors devoted to health visiting was equivalent to 8,624 for 1962, being 1.24 more than the previous year.

With the exception of visits to other cases, the total number of visits made showed a decrease, viz. :—

| | | 1957 | 1958 | 1959 | 1960 | 1961 | 1962 |
|---------------------------------|---------|--------|--------|--------|--------|--------|--------|
| Children between ages 1-2 years | .. | 38,038 | 41,832 | 45,754 | 45,848 | 45,400 | 41,127 |
| Children between ages 2-5 years | .. | 67,888 | 74,327 | 76,730 | 78,506 | 77,071 | 66,222 |
| Tuberculous households | | 13,828 | 12,804 | 11,869 | 12,009 | 10,622 | 8,167 |
| Others | | 22,671 | 24,841 | 26,695 | 28,005 | 31,626 | 34,393 |

HEALTH VISITING STATISTICS.

The following table shows the number of health visitors employed in the respective health divisions, and the number of visits paid during the year :—

| | | | Aberdare and Mountain Ash. | Caerphilly and Gelligaer. | Mid-Glamorgan. | Neath and District. | Pontypridd and Llantrisant. | Port Talbot and Glyncofrwg. | South-East Glamorgan. | West Glamorgan. | Rhondda. | Totals. | |
|--|------------------------------------|------------------------------------|-------------------------------|------------------------------|----------------|------------------------|--------------------------------|--------------------------------|--------------------------|-----------------|----------|---------|--------|
| No. of Health Visitors, excluding Divisional Superintendent H.V.s, employed at the end of the year | { | Whole-time on health visiting | — | — | — | — | — | — | — | — | — | — | |
| | | Part-time on health visiting | 10 | 11 | 13 | 13 | 12 | 13 | 18 | 11 | 20 | 121 | |
| Equivalent of whole-time service devoted by Health Visitors to health visiting (all classes) | | | 8.07 | 7.22 | 10.32 | 6.32 | 7.29 | 10.67 | 15.60 | 8.75 | 12.00 | 86.24 | |
| No. of visits paid by Health Visitors | { | Expectant mothers | First visits | 754 | 523 | 1,338 | 554 | 249 | 543 | 475 | 293 | 523 | 5,252 |
| | | | Total visits | 2,795 | 943 | 3,010 | 935 | 388 | 957 | 959 | 523 | 1,021 | 11,531 |
| | { | Children under 1 year of age | First visits | 1,050 | 1,621 | 2,046 | 1,111 | 1,243 | 1,297 | 2,398 | 1,092 | 1,663 | 13,521 |
| | | | Total visits | 8,883 | 6,293 | 8,391 | 5,755 | 7,138 | 6,515 | 16,257 | 8,228 | 15,207 | 82,667 |
| | Children between ages 1-2 years | .. Visits | 5,124 | 4,122 | 3,093 | 3,125 | 3,864 | 3,601 | 7,062 | 3,446 | 7,690 | 41,127 | |
| | | Children between ages 2-5 years | .. Visits | 9,761 | 5,738 | 5,824 | 6,278 | 4,839 | 7,238 | 9,512 | 7,378 | 9,654 | 66,222 |
| | Tuberculous Households | .. Visits | 1,166 | 597 | 465 | 793 | 933 | 1,185 | 699 | 775 | 1,554 | 8,167 | |
| | Others | Visits | 8,656 | 1,818 | 2,440 | 4,165 | 1,563 | 5,406 | 2,370 | 3,886 | 4,089 | 34,393 | |

Special visits and selective visits tend to replace some of the routine work formerly undertaken. This selective visiting emphasises the improvement there has been over the years, largely as a result of the efforts of the health visitor, in the general standard of mothercraft and child care. It is no longer considered necessary to carry out the old pattern of routine visiting, and the health visitor has more time to devote to the other problems which require her expert knowledge and experience.

The extent to which non-routine work is done varies considerably between the Divisions as will be seen in the figures shown for "other visits" in the above statistical table.

Visits to the aged and infirm would probably account for the majority of the 34,393 visits returned under this heading.

During the year there were 22,367 fruitless visits, i.e. visits not effectively made due to failure to contact the person. This means that a good deal of visiting time has been wasted, and, in order to avoid this waste, it may be necessary to give consideration to a revised method of visiting, perhaps by the making of appointments.

REFRESHER COURSE.

A refresher course was held at Dyffryn House during Whitsun week, 1962, when thirty-eight Glamorgan health visitors attended.

Miss E. G. Wright, County Superintendent Health Visitor, acted as Warden of the course, and the following programme of lectures was arranged :—

| <i>Subject.</i> | <i>Lecturer.</i> |
|--|--|
| Inaugural address | Dr. W. E. Thomas, County and Principal School Medical Officer. |
| "Mental Health and Public Health" | Dr. R. T. Bevan, Deputy County and Principal School Medical Officer. |
| "Psychosomatic Illness" | Dr. J. P. Spillane, Physician Superintendent, Whitchurch Hospital. |
| "Mental Health in Pregnancy" | Dr. Gaynor N. Lacey, Consultant Psychiatrist. |
| "Subnormality" | Dr. T. B. Jones, Medical Superintendent, Hensol Castle. |
| "Infant Feeding" | Mr. R. H. Woodcock, Medical Manager, General Milk Products Ltd. |
| "Mental Health and the Aged" | Dr. Marshall W. Annear, Medical Superintendent, Morgannwg Hospital. |
| "The Samaritans" | The Rev. Chad Varah, Vicar, St. Stephen's Church, Walbrook, London. |
| "Principles of Adoption Work" | Miss Beti Jones, Children's Officer, Glamorgan. |
| "Social Clubs in relation to Mental Health" | Dr. T. P. Riordan, Medical Superintendent, Cefn Coed Hospital. |
| "Current Research into Psychiatric Epidemiology" | Dr. J. B. Loudon. |

In addition, visits of interest were paid to the following :—

Llandarcy Oil Refinery.
Whitchurch Hospital.

SURVEY OF GASTRIC CONDITIONS.

This survey, which has been in progress since 1951, under the direction of Dr. Ernest Evans, Consultant Physician at the East Glamorgan Hospital, continued during the year, and the services of one of the health visitors in the Pontypridd and Llantrisant Health Division are still being used in the follow-up of patients.

THE HEALTH VISITOR AND THE FAMILY DOCTOR.

The domiciliary services provided by the Local Health Authority under the National Health Service Act are intended for use in close co-operation with the family doctor.

The midwifery, home nursing, and home help services are well known and extensively used, whereas the health visitor has been working in greater isolation because she has had to perform a variety of tasks, more particularly in relation to mothers and young children, many of whom attend the maternity and child welfare clinics provided by the Authority. The health visitor also acts as school nurse and has certain responsibilities in relation to the school health service.

The report of the working party on the field of work, training, and recruitment of health visitors, published in May 1956, welcomed a closer co-operation between the health visitor and the family doctor. Indeed, closer co-operation was regarded as vital.

A report of a joint working party of the College of General Practitioners and the Royal College of Nursing on "The Health Visitor and the Family Doctor" points out a number of ways in which closer co-operation may be brought about, from keeping the general practitioner informed of the names and addresses of health visitors working in the area of their practices to the secondment of a health visitor to a group of practices.

The liaison between the general practitioner and the health visitor in most of the Health Divisions is very good. The method of contact varies throughout the County. In some Health Divisions the family doctor is able to contact the health visitor at the local authority clinic, in others by letter, whilst in some the contact is made at the doctor's surgery. In an effort to obtain greater co-operation, consideration is being given to the installation of telephones at a greater number of clinics where the health visitor will attend during specified hours each day. Consideration has been given to the secondment of health visitors to group practices, but this is not considered possible in Glamorgan, due to the large number of practices, many of which overlap.

SECTION 25—HOME NURSING SERVICE.

On 31st December, 1962, there were engaged in this Service 139 whole-time and twenty-three part-time home nurses. In addition, there were sixteen nurse-midwives.

| Year. | Cases attended. | Visits paid. |
|-------|-----------------|--------------|
| 1955 | 17,851 | 520,299 |
| 1956 | 17,053 | 539,386 |
| 1957 | 17,198 | 572,066 |
| 1958 | 16,158 | 563,179 |
| 1959 | 15,385 | 558,095 |
| 1960 | 14,110 | 555,613 |
| 1961 | 14,416 | 551,845 |
| 1962 | 13,730 | 525,245 |

Since 1950 the number of visits has increased by 34·0 per cent. Last year there was a decrease of 686 in the number of cases attended (13,730) compared with 1961. Compared with 1950 the number of cases fell by 1,780, but the number of visits increased by 133,384 from 391,861 to 525,245. These indicate that the type of illness attended by the home nurse is changing. Her work is much more with the older person who is not bedridden but needs regular nursing care of some kind—injections, bathing, dressings. These patients may remain under the care of the home nurse for long periods, and the nurse plays a valuable role in keeping them active and independent. The more acute case is usually admitted to hospital, and with the wider use of oral penicillin requests for a home nurse to give a course of penicillin injections are not so frequent. This has the effect of reducing the number of cases attended during the year; the increase in visits can be attributed to regular visiting of a smaller number over longer periods.

Details of the work done in each Division are shown in the table on p. 37.

Case loads were heaviest in the Rhondda, South-East Glamorgan, Port Talbot and Glyncoirwg, West Glamorgan, and Aberdare and Mountain Ash Health Divisions.

Midwives with light case loads are sometimes able to assist home nurses in routine nursing duties, and 8,570 visits were made by midwives on their behalf last year, 300 more than in 1961.

Co-operation between the home nurses, hospital staffs, and general practitioners continues to be excellent.

At present home nurses meet existing needs, but more time must be devoted to rehabilitative medicine for those discharged from hospital. The importance of rehabilitative work is realised, and the nurses do encourage and help their patients to get up, dress, and walk, and teach and encourage the relatives to help in this.

The home nurse has an important part of play in maintaining the mental and physical well-being of the patient awaiting admission to hospital and in providing continuity of treatment on discharge. As the population continues to age and the number of elderly people grows, the demands on the home nursing service must increase, and an overall increase in establishment of twenty-four whole-time home nurses is planned in the ten-year programme, so that by 1972 the establishment will be 195½.

District Training.

During the year arrangements were made for ten recently appointed home nurses to receive training in district work at Cardiff or Bristol at short-term courses established by the Cardiff and Bristol City Councils.

The courses are of considerable benefit especially to nurses whose experience has been restricted to working in hospital. All the Glamorgan students were successful at the examination held at the end of the course.

Marie Curie Memorial Foundation.

With the aid of a small grant from this voluntary association it was possible to provide extra nursing comforts, special nourishment, etc., for the benefit of persons suffering from cancer for whom special day and night nursing service can be made available when necessary.

| Health Divisions. | No. of cases attended. | | | | | Total visits paid. | | | | | No. of cases remaining on registers at the end of the year. | | | | | Average No. of Cases attended by each Home Nurse. | Average No. of Visits made by each Nurse. | | | |
|-------------------------------|------------------------|-----------|----------------------|---------------|-------------------------|--------------------|----------|-----------|----------------------|---------------|---|---------|----------|-----------|----------------------|---|---|---------------|-------------------------|---------|
| | Medical. | Surgical. | Infectious Diseases. | Tuberculosis. | Maternal Complications. | Others. | Medical. | Surgical. | Infectious Diseases. | Tuberculosis. | Maternal Complications. | Others. | Medical. | Surgical. | Infectious Diseases. | | | Tuberculosis. | Maternal Complications. | Others. |
| Aberdare and Mountain Ash | 901 | 265 | — | 4 | 3 | 25 | 48,839 | 13,855 | — | 405 | 21 | 503 | 283 | 55 | — | 4 | — | 2 | 87.4 | 4,644 |
| Caerphilly and Gelligaer .. | 1,332 | 341 | — | 15 | 6 | 4 | 46,841 | 10,429 | — | 871 | 28 | 16 | 365 | 61 | — | — | — | — | 86.0 | 2,946 |
| Mid-Glamorgan .. | 1,068 | 392 | — | 42 | 10 | 15 | 42,457 | 15,373 | — | 3,119 | 44 | 195 | 379 | 95 | — | 12 | — | 7 | 73.4 | 2,942 |
| Neath and District .. | 864 | 275 | — | 98 | 8 | — | 29,853 | 8,277 | — | 4,632 | 59 | — | 247 | 42 | — | 12 | — | — | 86.9 | 2,988 |
| Pontypridd and Llantrisant .. | 727 | 267 | — | 5 | 6 | 2 | 27,118 | 8,623 | — | 63 | 31 | 2 | 278 | 57 | — | — | — | — | 71.9 | 2,560 |
| Port Talbot and Glyncoirwng.. | 813 | 257 | — | 57 | 9 | 2 | 27,883 | 8,316 | — | 2,818 | 32 | 7 | 220 | 46 | — | 10 | — | 2 | 94.8 | 3,255 |
| South-East Glamorgan .. | 1,524 | 634 | 3 | 28 | 18 | 6 | 60,568 | 20,454 | 19 | 2,119 | 239 | 154 | 471 | 114 | — | 18 | 3 | 6 | 96.2 | 3,633 |
| West Glamorgan .. | 1,209 | 365 | 1 | 52 | 9 | 12 | 46,234 | 8,817 | 18 | 2,143 | 97 | 83 | 364 | 60 | — | 9 | — | — | 91.6 | 3,188 |
| Rhondda .. | 1,615 | 390 | 3 | 22 | 21 | 5 | 66,129 | 15,796 | 30 | 1,278 | 316 | 42 | 499 | 66 | — | 5 | 1 | — | 96.5 | 3,924 |
| Totals .. | 10,053 | 3,186 | 7 | 323 | 90 | 71 | 395,922 | 109,939 | 67 | 17,448 | 867 | 1,002 | 3,106 | 596 | — | 70 | 4 | 17 | 87.1 | 3,333 |
| Totals, 1961 .. | 10,353 | 3,517 | 25 | 353 | 113 | 55 | 406,584 | 121,815 | 118 | 21,374 | 934 | 1,020 | 3,132 | 646 | — | 87 | 6 | 14 | 94.2 | 3,604 |

SECTION 26—VACCINATION AND IMMUNISATION.

SMALLPOX VACCINATION.

In November advice was received from the Ministry of Health to the effect that there should be no change in the policy of vaccinating children as a matter of routine before they reach the age of 2, but preferably children should be vaccinated during their second year.

The following table shows the number of persons in certain age groups who were vaccinated or re-vaccinated during the year. No worthwhile comparison can be made with 1961 because of the outbreak of smallpox which occurred in the first half of the year. The total number vaccinated or re-vaccinated was 444,415.

SMALLPOX VACCINATIONS.

| Health Division. | Number of persons vaccinated. | | | | | | | | | | | |
|-------------------------------------|-------------------------------|-------|--------|--------|---------|---------|-----------------------------|-----|-------|--------|---------|---------|
| | Vaccinated. | | | | | | Re-vaccinated. | | | | | |
| | Age at 31st December, 1962 | | | | | | Age at 31st December, 1962. | | | | | |
| | —1. | 1. | 2-4. | 5-14. | 15+. | Total. | —1. | 1. | 2-4. | 5-14. | 15+. | Total. |
| Aberdare and Mountain Ash | 524 | 828 | 1,664 | 7,420 | 13,930 | 24,366 | — | — | 54 | 1,062 | 15,615 | 16,731 |
| Caerphilly and Gelligaer | 852 | 564 | 2,003 | 7,694 | 9,043 | 20,156 | — | — | 272 | 1,326 | 10,048 | 11,646 |
| Mid-Glamorgan | 1,414 | 260 | 2,483 | 12,268 | 24,130 | 40,555 | 30 | 10 | 414 | 2,878 | 27,373 | 20,605 |
| Neath and District .. | 826 | 667 | 1,890 | 7,039 | 10,241 | 20,663 | 1 | 3 | 148 | 1,265 | 14,627 | 16,044 |
| Pontypridd and Llantrisant | 751 | 985 | 2,701 | 9,680 | 19,917 | 34,034 | 12 | 17 | 240 | 1,050 | 20,262 | 21,581 |
| Port Talbot and Glyn-corrwg | 780 | 703 | 1,126 | 7,412 | 13,542 | 23,563 | — | 5 | 245 | 2,143 | 16,700 | 19,093 |
| South-East Glamorgan | 1,526 | 1,067 | 1,827 | 10,920 | 14,147 | 29,487 | 45 | 58 | 532 | 5,638 | 29,049 | 35,322 |
| West Glamorgan | 721 | 471 | 1,372 | 6,327 | 8,262 | 17,153 | — | 4 | 192 | 1,120 | 10,865 | 12,181 |
| Rhondda | 977 | 1,590 | 2,412 | 11,652 | 22,097 | 38,728 | 5 | 44 | 309 | 1,302 | 31,291 | 32,951 |
| County Hall | — | 1 | — | 104 | 122 | 227 | — | — | — | 22 | 307 | 329 |
| Totals 1962 | 8,371 | 7,136 | 18,478 | 80,516 | 134,431 | 248,932 | 93 | 141 | 2,406 | 16,806 | 176,037 | 195,483 |
| Totals 1961 | 2,065 | 515 | 396 | 281 | 311 | 3,568 | — | 7 | 24 | 55 | 580 | 666 |

IMMUNISATION AGAINST DIPHTHERIA.

The supply of certain antigens through the Public Health Laboratory Service was discontinued during 1961, and local health authorities became free to obtain the vaccine of their choice through normal trade channels.

Combined antigens giving protection against diphtheria, whooping cough, and tetanus are now being increasingly used, thus reducing the number of injections given to the child and the number of clinic visits necessary.

During 1962, 10,932 children completed a full course of primary immunisation, and 12,531 children were given a secondary or reinforcing injection. The corresponding figures for 1961 were 20,820 and 26,484, respectively.

Eight cases of diphtheria were notified, five in the Neath Borough and three in the area of the Port Talbot Borough.

Of the eight cases notified, five were under 14 years of age (three male, two female) ; the remainder were two females and one male over 25 years of age.

Following the swabbing undertaken at schools in the Neath and District Health Division, a number of diphtheria carriers was found, and it was felt necessary to ascertain whether the incidence of carriers was confined to the Neath area or whether they existed in other areas of the County without having come to the notice of the Health Department. As no large scale survey of this kind had been made in South Wales for approximately ten years, it was difficult to assess the significance of the findings in Neath without carrying out a survey in other parts of the County.

It was arranged for a medical officer, technician, and clerical assistant from the Public Health Laboratory Service to visit a school in the Aberdare and Mountain Ash Health Division, where both nasal and throat swabs were obtained from 342 children. Of the 864 swabs thus obtained, four were thought to be suspicious but, following further laboratory tests, proved to be negative.

Similarly, two schools in the Port Talbot and Glyncothrwg Health Division—this being the closest Health Division geographically to Neath—were visited and 680 swabs taken. Only one of these was thought to be suspicious but proved, on further laboratory investigation, to be negative.

From the investigations carried out, the conclusion may be drawn that the number of diphtheria carriers in the Neath and District Health Division at that time was peculiar to that area.

During the first ten years of the present century the average number of deaths from diphtheria in Glamorgan was 237 per annum. In 1940 there were ninety-eight deaths ; last year there was one death.

The excellent efforts made during the year to improve the numbers immunised must be maintained if diphtheria is to be completely eradicated as a killing disease.

The diphtheria immunisation figures for the respective Health Divisions are shown in the following table :—

DIPHTHERIA IMMUNISATION.

| Health Division. | Number of children who completed a full course of Primary Immunisation. | | | | | | | | Total number of children who were given a Secondary or Reinforcing Injection. |
|-----------------------------|--|-------|-------|-------|-------|---------|---------|--------|--|
| | Children born in the year. | | | | | | | | |
| | 1962. | 1961. | 1960. | 1959. | 1958. | 1953-57 | 1948-52 | Total. | |
| Aberdare and Mountain Ash | 357 | 389 | 39 | 31 | 21 | 25 | — | 862 | 1,494 |
| Caerphilly and Gelligaer .. | 408 | 425 | 33 | 12 | 15 | 39 | 3 | 935 | 58 |
| Mid-Glamorgan | 612 | 609 | 45 | 39 | 22 | 30 | 14 | 1,371 | 498 |
| Neath and District .. | 472 | 375 | 40 | 18 | 19 | 63 | 19 | 1,006 | 2,191 |
| Pontypridd and Llantrisant | 259 | 429 | 43 | 19 | 20 | 6 | 1 | 777 | 49 |
| Port Talbot and Glyncoirwg | 384 | 427 | 95 | 66 | 48 | 584 | 228 | 1,832 | 4,572 |
| South-East Glamorgan .. | 640 | 796 | 122 | 38 | 22 | 360 | 246 | 2,224 | 3,052 |
| West Glamorgan | 332 | 458 | 24 | 15 | 8 | 14 | 7 | 858 | 369 |
| Rhondda | 456 | 531 | 44 | 16 | 12 | 8 | — | 1,067 | 248 |
| Totals | 3,920 | 4,439 | 485 | 254 | 187 | 1,129 | 518 | 10,932 | 12,531 |

WHOOPIING COUGH.

There were twenty-eight cases of this disease notified last year and there were no deaths. The number of cases shows a considerable decrease compared with those for 1961, when 387 cases were notified. In 1960, 615 cases were notified.

The following table shows that a total of 8,363 children were immunised last year :—

WHOOPIING COUGH IMMUNISATION, 1962.

| | Children born in the year. | | | | | | | |
|--------------------------------|----------------------------|-------|-------|-------|-------|----------|----------|--------|
| | 1962. | 1961. | 1960. | 1959. | 1958. | 1953-57. | 1948-52. | Total. |
| Aberdare and Mountain Ash .. | 329 | 98 | 12 | 6 | 1 | 4 | — | 450 |
| Caerphilly and Gelligaer | 394 | 413 | 28 | 8 | 7 | 18 | 1 | 869 |
| Mid-Glamorgan | 577 | 185 | 16 | 8 | 7 | 6 | 3 | 802 |
| Neath and District | 472 | 375 | 28 | 8 | 4 | 4 | — | 891 |
| Pontypridd and Llantrisant .. | 257 | 425 | 40 | 13 | 13 | 6 | — | 754 |
| Port Talbot and Glyncofrwg .. | 382 | 425 | 77 | 27 | 15 | 16 | 7 | 949 |
| South-East Glamorgan | 594 | 899 | 156 | 47 | 23 | 40 | 13 | 1,772 |
| West Glamorgan | 322 | 456 | 22 | 10 | 2 | 9 | 1 | 822 |
| Rhondda | 455 | 530 | 42 | 13 | 10 | 4 | — | 1,054 |
| Totals | 3,782 | 3,806 | 421 | 140 | 82 | 107 | 25 | 8,363 |

VACCINATION AGAINST POLIOMYELITIS.

By the end of 1962 a total of 223,504 persons had received three injections against poliomyelitis.

In February a circular received from the Welsh Board of Health contained the welcome information that live oral vaccine manufactured in the United Kingdom was to be made available for routine vaccination against poliomyelitis. It was intended to continue the use of Salk vaccine also until existing stocks were exhausted.

The new vaccine is available to those in the priority groups (i.e. those aged from six months to 40 years and those over 40, who are at special risk). Advice was issued by the Ministry to local health authorities and general practitioners about vaccination with oral vaccine. Supplies were received in February and distributed to Divisional Medical Officers in May and clinics at which the new vaccine could be administered were arranged during that month.

A full course of oral vaccine consists of three doses, each of three drops, given at intervals of four to eight weeks on a lump of sugar or in syrup. The number of persons to whom oral vaccine may be administered in this relatively simple way is only restricted by the work involved in maintaining accurate records, for authorities are expected to keep individual records of each full course of vaccination with oral vaccine.

The figures in the following table show the progress of the poliomyelitis vaccination programme during the year :—

POLIOMYELITIS VACCINATION, 1962.

| | Number of persons who received two injections during 1962 | | | | | | Number of persons who received three doses of oral vaccine during 1962 | | | | | | Number of persons who had received third injection at 31st December, 1962 | Number of children who had received fourth injection at 31st December, 1962 | Number of persons given reinforcing doses of oral vaccine after : | |
|-----------------------------|---|-----------------------|--|-------------------------------------|--------|-------|--|-----------------------|--|-------------------------------------|--------|--------|---|---|---|-------------------|
| | Children born in 1962 | Children born in 1961 | Children and young persons born in years 1943-60 | Young persons born in years 1933-42 | Others | Total | Children born in 1962 | Children born in 1961 | Children and young persons born in years 1943-60 | Young persons born in years 1933-42 | Others | Total | | | Two Salik doses | Three Salik doses |
| Health Division | | | | | | | | | | | | | | | | |
| Aberdare and Mountain Ash | — | 185 | 91 | 54 | — | 330 | 77 | 259 | 226 | 389 | — | 951 | 17,964 | 4,422 | 1,948 | 603 |
| Caerphilly and Gelligaer .. | — | 104 | 211 | 75 | 162 | 552 | 33 | 432 | 475 | 111 | 266 | 1,317 | 21,735 | 4,495 | 2,250 | 1,938 |
| Mid-Glamorgan .. | 2 | 291 | 297 | 105 | 133 | 828 | 78 | 599 | 453 | 102 | 233 | 1,465 | 30,233 | 3,170 | 3,432 | 5,069 |
| Neath and District | — | 45 | 62 | 40 | 3 | 150 | 141 | 523 | 540 | 225 | 598 | 2,027 | 21,923 | 6,230 | 910 | 819 |
| Pontypridd and Llantrisant | — | 123 | 286 | 99 | 148 | 656 | 54 | 221 | 268 | 96 | 146 | 785 | 20,449 | 4,690 | 1,421 | 873 |
| Port Talbot and Glyncoerrwg | 1 | 107 | 53 | 17 | 71 | 249 | 61 | 336 | 204 | 84 | 155 | 840 | 23,427 | 5,976 | 2,883 | 876 |
| South-East Glamorgan | 8 | 185 | 965 | 186 | 449 | 1,793 | 254 | 301 | 948 | 575 | 178 | 2,256 | 34,409 | 1,072 | 2,312 | 3,668 |
| West Glamorgan | 4 | 154 | 258 | 64 | 139 | 617 | 7 | 157 | 423 | 74 | 300 | 961 | 19,191 | 2,035 | 325 | 1,807 |
| Rhondda .. | — | 364 | 87 | 26 | 25 | 502 | 107 | 516 | 917 | 301 | 763 | 2,604 | 33,852 | 7,812 | 4,083 | 2,760 |
| County Hall .. | — | — | — | 1 | — | 1 | — | — | 7 | 34 | 90 | 131 | 321 | 8 | 18 | — |
| Totals 1962 .. | 15 | 1,558 | 2,308 | 667 | 1,130 | 5,678 | 812 | 3,344 | 4,461 | 1,991 | 2,729 | 13,337 | 223,504 | 39,910 | 19,582 | 18,413 |

SECTION 27—COUNTY AMBULANCE SERVICE.

The number of patients conveyed during 1962 showed a very slight reduction on 1961, but during the last twelve years there has been a steady increase in the demands being made on the service. 341,743 patients were conveyed during 1962, as compared with 202,297 patients in 1951, which is an increase of 68·9 per cent.

It would be hard to estimate the number of patients conveyed by car to and from hospital by friends or relatives. Increasing car ownership has undoubtedly indirectly helped to stem some of the requests which could have been justifiably made for the ambulance transport of some of the privately conveyed patients.

At times it has been extremely difficult to meet the heavy demands made upon the service. In particular, the establishment of geriatric day centres or out-patient departments at some hospitals has created a demand for regular ambulance transport, and this is likely to increase.

The Ambulance Service is one of the most costly of Local Health Authority services. Unfortunately "the tune" is not called by the Local Health Authority, and it would be interesting to speculate on the ways in which the demand would be influenced if individual hospitals were charged with the cost of the conveyance of patients. Frequent changes of medical and nursing staffs at hospitals have emphasised the need of unremitting efforts to maintain the closest liaison with hospital secretaries and medical and nursing personnel.

By his frequent visits to the various hospitals, the County Ambulance Officer is able to assess their transport requirements and arrange the deployment of vehicles to the best advantage. On both sides there is growing appreciation of mutual problems, and co-operation between the two services has never been better.

During the year display notices were supplied to general practitioners and hospitals in the area reminding patients of the need to avoid making unnecessary demands on the Ambulance Service.

The old concepts of an Ambulance Service largely founded on pre-war local practice and the Civil Defence experience of the last war no longer apply, and some practical adjustments in the organisation are necessary if the service is to prove adequate to meet increasing demands of developing hospital services.

In July a sub-committee was, therefore, appointed to review the structure of the County Ambulance Service, and visits were arranged to certain other local health authorities who had already undertaken a measure of reorganisation. Useful information was obtained, and at the end of the year plans were well advanced for the preliminary reorganisation of the system of control, in particular of emergency calls.

Like all public services, the Ambulance Service expects criticism. Letters of complaint which reach me are not numerous. When they do not relate to the instances of avoidable human error, they are usually about delays experienced by patients in being returned from out-patient departments or about failure to provide attendants on vehicles deployed on emergency work. Some of the problems are not readily solved, short of drastically curtailing the number of escorts allowed to travel on vehicles and substantially increasing the number of driver/attendants and vehicles.

A new type of log book was introduced towards the end of the year, together with new procedures designed to ensure that all vehicle defects reported by driving personnel are properly dealt with.

CIVIL DEFENCE TRAINING OF PEACETIME AMBULANCE SERVICE PERSONNEL.

During the last quarter of the year, at each control centre, the driving personnel of the County Ambulance Service were given a refresher course of eighteen hours' training in the duties of the Ambulance and First-aid Section of the Civil Defence Corps. The course was arranged by the department.

MAINTENANCE.

Maintenance of most of the vehicles stationed within reasonable access of Bridgend is still undertaken by the County Engineer and Surveyor at the Waterton Depot. By arrangement with the Plant Engineer, work that could be more appropriately done elsewhere than at Waterton is sent to selected local garages, thus saving dead mileage which would otherwise have been incurred. Prompt turn-round of vehicles in the repair shops is essential to the efficiency of the service, and delays in the delivery of manufacturers' spares can keep a vehicle off the road for many weeks—sometimes months—and seriously interfere with our maintenance programme.

During the financial year 1962–63 twelve new vehicles were delivered as part of the replacement programme. Some alteration of body design was essential, partly to effect improvement and partly to fit the different type of chassis on the new model.

As a result of experience with the ambulances supplied early in the year, further modifications were found to be necessary and, after conferences with representatives of the manufacturers and body builders, these were effected.

In spite of the pleasing internal and external appearances of many ambulance vehicles, the chassis design and springing of those in the medium price range are basically made for the "commercial truck" and are not specially renowned for their smooth-riding qualities. Steps are, however, being taken to improve the springing.

NATIONAL COAL BOARD.

Ambulance Service vehicles continue to be made available to the National Coal Board for the conveyance of injured mineworkers, and during the year 3,274 patients were carried on their behalf, a distance of 47,145 miles.

OPERATIONAL DETAILS.

The figures for the work done by the County Ambulance Service continue to show an increase in the number of journeys and miles travelled, but there was a reduction in the number of patients conveyed.

MONTHLY TOTALS OF WORK DONE.

| 1962. | Patients. | Journeys. | Mileage. |
|-----------------|-----------|-----------|-----------|
| January | 30,361 | 5,459 | 158,243 |
| February | 27,540 | 4,835 | 140,271 |
| March | 27,245 | 5,235 | 147,545 |
| April | 26,478 | 4,811 | 137,470 |
| May | 31,869 | 5,316 | 158,593 |
| June | 26,851 | 4,922 | 143,094 |
| July | 26,487 | 5,033 | 150,667 |
| August | 25,973 | 4,884 | 139,625 |
| September | 28,265 | 5,127 | 143,234 |
| October | 32,778 | 5,498 | 159,353 |
| November | 31,195 | 5,195 | 155,449 |
| December | 24,701 | 4,857 | 131,375 |
| Totals .. | 341,743 | 61,172 | 1,764,919 |

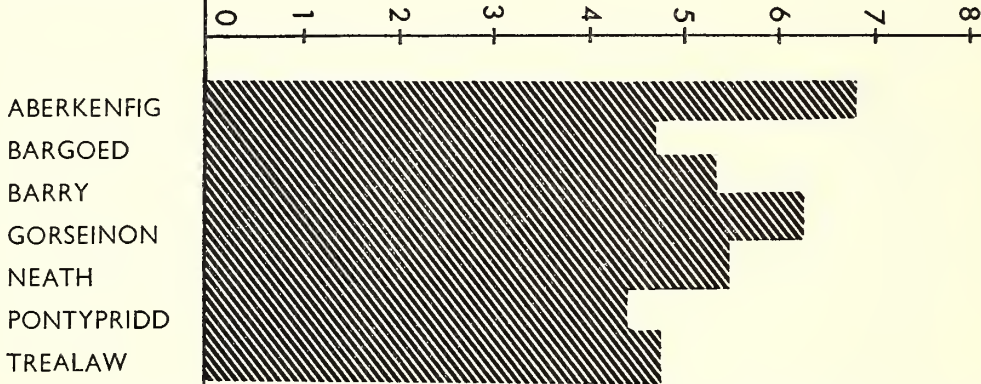
COMPARATIVE SUMMARY OF WORK DONE.

| Control Station. | 1961. | | | 1962. | | |
|------------------|-----------|-----------|-----------|-----------|-----------|-----------|
| | Journeys. | Patients. | Mileage. | Journeys. | Patients. | Mileage. |
| Aberkenfig .. | 9,373 | 40,896 | 264,642 | 9,368 | 38,869 | 266,981 |
| Bargoed | 7,016 | 42,846 | 215,252 | 6,959 | 44,615 | 208,991 |
| Barry | 6,726 | 33,567 | 175,749 | 6,734 | 33,199 | 177,761 |
| Gorseinon .. | 6,219 | 29,911 | 193,674 | 6,516 | 30,919 | 195,063 |
| Neath | 9,863 | 44,595 | 237,607 | 9,876 | 42,904 | 232,900 |
| Pontypridd .. | 12,070 | 99,538 | 426,051 | 13,049 | 98,389 | 430,033 |
| Trealaw | 8,806 | 56,470 | 251,270 | 8,670 | 52,848 | 253,190 |
| Totals .. | 60,073 | 347,823 | 1,764,245 | 61,172 | 341,743 | 1,764,919 |

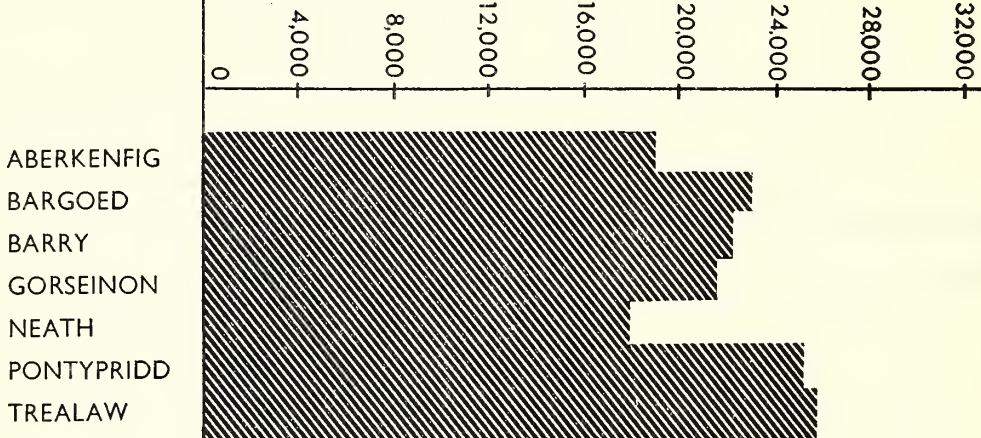
The graph shows a comparison of the work undertaken in the ambulance control areas, based on the average number of miles each patient was carried, the number of miles each operational vehicle travelled during the year, and the number of patients conveyed per vehicle operated. From this it will be seen that the heaviest burdens fell on the Pontypridd and Trealaw control areas where 5,788 and 5,285 patients per operational vehicle were conveyed and where the average number of miles each operational vehicle travelled during the year amounted to 25,296 and 25,319 respectively.

OPERATIONAL DETAILS FOR ALL CONTROL AREAS — 1962

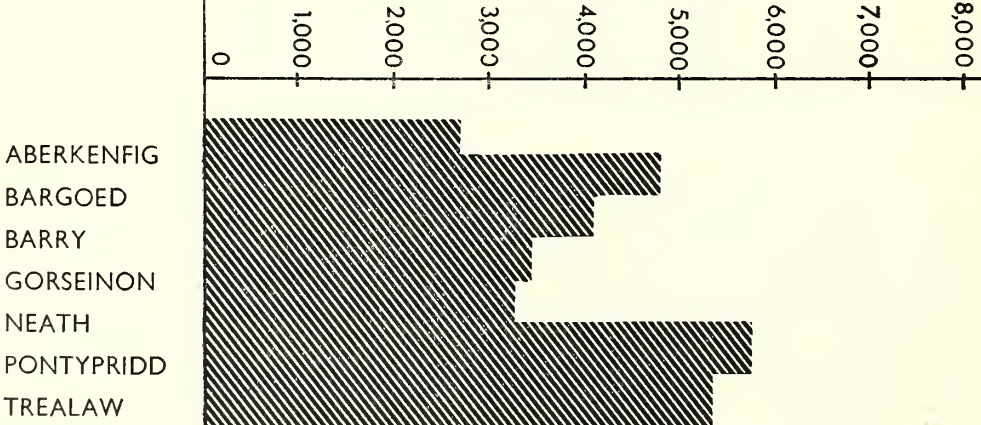
MILES PER PATIENT



MILES PER VEHICLE



PATIENTS PER VEHICLE



The greatest pressure on the service is caused by out-patients attending hospital for consultation or treatment.

Without the continued co-operation of the Group Secretaries of the Hospital Management Committees and the assistance of Hospital Secretaries and staffs, the work of the Ambulance Service would have been even more difficult. There has been a sincere desire to co-operate in experiments to find a satisfactory solution to mutual problems.

COST OF SERVICE.

The overall cost per mile of 3s. 2·68d. showed an increase of about 3½d. per mile compared with that for the previous year, which amounted to 2s. 11·38d. per mile.

DAMAGE TO VEHICLES.

The vehicle accident rates for 1961 and 1962 classified in control areas are set out in the following table, which shows that ambulance vehicles were involved in eighty-nine accidents in 1962 :—

ACCIDENT RATES.

| 1961. | | | | 1962. | | | |
|---------------|------------------------------|-------------------|--------------------------------------|---------------|------------------------------|-------------------|--------------------------------------|
| Control Area. | No. of operational vehicles. | No. of Accidents. | Accident Incidence per 10,000 miles. | Control Area. | No. of operational vehicles. | No. of Accidents. | Accident Incidence per 10,000 miles. |
| Bargoed .. | 9 | 7 | 0·325 | Bargoed .. | 9 | 5 | 0·412 |
| Barry .. | 8 | 7 | 0·398 | Barry .. | 8 | 9 | 0·239 |
| Trealaw .. | 10 | 11 | 0·438 | Trealaw .. | 10 | 14 | 0·506 |
| Aberkenfig .. | 14 | 13 | 0·491 | Aberkenfig .. | 14 | 11 | 0·461 |
| Pontypridd .. | 17 | 24 | 0·563 | Pontypridd .. | 17 | 24 | 0·730 |
| Gorseinon .. | 9 | 12 | 0·619 | Gorseinon .. | 9 | 9 | 0·558 |
| Neath .. | 13 | 15 | 0·631 | Neath .. | 13 | 17 | 0·553 |

CONVEYANCE OF PATIENTS BY TRAIN.

The following table shows the number of patients conveyed by rail since 1954 :—

| | Recumbent. | Sitting Up. | Total. |
|------|------------|-------------|--------|
| 1955 | 47 | 133 | 180 |
| 1956 | 34 | 149 | 183 |
| 1957 | 41 | 152 | 193 |
| 1958 | 36 | 152 | 188 |
| 1959 | 33 | 142 | 175 |
| 1960 | 42 | 121 | 163 |
| 1961 | 31 | 171 | 202 |
| 1962 | 27 | 158 | 185 |

The rail mileage involved in these journeys totalled 23,326.

The provision of ambulance transport to and from the railway stations between which the 185 patients included in the above table were conveyed last year, facilitated their journeys and the arrangements made with other ambulance authorities and with the British Railways were most effective and economical.

CIVIL DEFENCE.

The volunteers have continued to retain their interest in Civil Defence, and it was pleasing to note that most of the Area Ambulance Superintendents and Assistant Superintendents made a very useful contribution to their training.

Four large-scale exercises were held during the year, at Caerphilly, Bridgend, Penarth, and Pontypridd. All sections of the Civil Defence Corps took part in these exercises, which provided their quota of enthusiastic first-aid parties and skilled drivers and attendants.

In June 1962 the Home Office issued a circular letter providing for the reorganisation of the Civil Defence Corps. By this reorganisation the County Civil Defence Officer becomes solely responsible for training, whilst the heads of Sections of the Corps will be responsible for ensuring that members of their Sections are properly trained.

SECTION 28—PREVENTION OF ILLNESS, CARE AND AFTER-CARE.

TUBERCULOSIS.

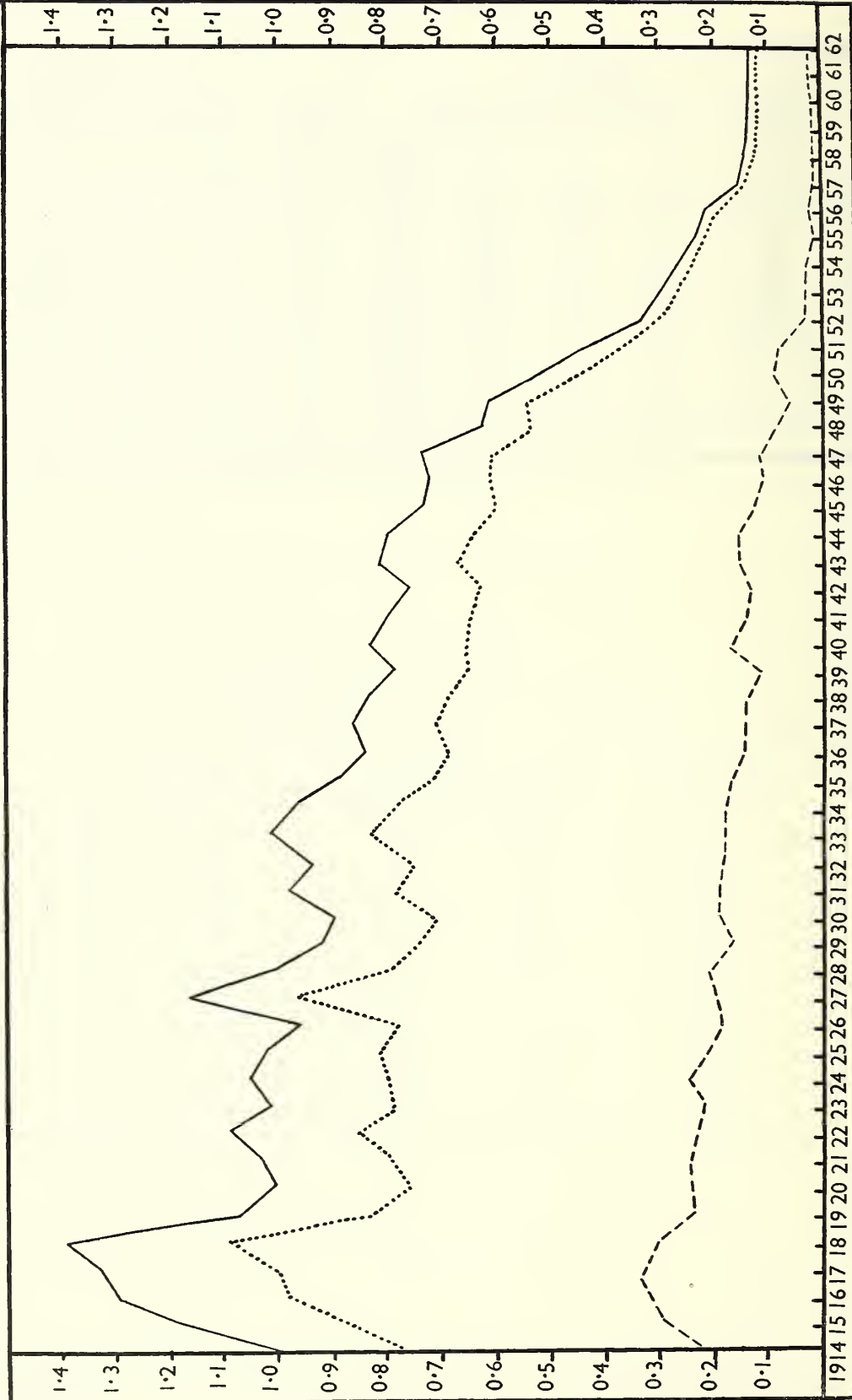
TABLE I.—NOTIFICATIONS.

| Year. | Pulmonary. | | Non-Pulmonary. | |
|-------|---------------|----------------------------|----------------|----------------------------|
| | Notification. | Rate per 1,000 population. | Notification. | Rate per 1,000 population. |
| 1945 | 1,010 | 1.45 | 283 | 0.41 |
| 1950 | 923 | 1.25 | 196 | 0.27 |
| 1951 | 831 | 1.14 | 179 | 0.24 |
| 1952 | 832 | 1.14 | 149 | 0.20 |
| 1953 | 956 | 1.30 | 120 | 0.16 |
| 1954 | 761 | 1.03 | 126 | 0.17 |
| 1955 | 716 | 0.97 | 113 | 0.15 |
| 1956 | 618 | 0.84 | 75 | 0.10 |
| 1957 | 572 | 0.77 | 82 | 0.11 |
| 1958 | 499 | 0.67 | 62 | 0.08 |
| 1959 | 450 | 0.60 | 66 | 0.09 |
| 1960 | 415 | 0.56 | 60 | 0.08 |
| 1961 | 356 | 0.48 | 49 | 0.07 |
| 1962 | 318 | 0.42 | 41 | 0.05 |

TABLE II.—DEATHS.

| Year. | Pulmonary. | | | | | Non-Pulmonary. | | | | |
|-------|-----------------------|----------------------------------|--------|-------------|--------------------|-----------------------|----------------------------------|--------|-------------|--------------------|
| | Total Deaths in Glam. | Death Rate per 1,000 population. | | | | Total Deaths in Glam. | Death Rate per 1,000 population. | | | |
| | | Urban. | Rural. | Total Glam. | England and Wales. | | Urban. | Rural. | Total Glam. | England and Wales. |
| 1945 | 416 | 0·64 | 0·49 | 0·60 | 0·52 | 92 | 0·15 | 0·09 | 0·13 | 0·10 |
| 1950 | 325 | 0·47 | 0·37 | 0·44 | 0·32 | 58 | 0·07 | 0·10 | 0·08 | 0·04 |
| 1951 | 280 | 0·41 | 0·31 | 0·38 | 0·27 | 48 | 0·07 | 0·05 | 0·07 | 0·04 |
| 1952 | 218 | 0·32 | 0·25 | 0·30 | 0·21 | 20 | 0·03 | 0·02 | 0·03 | 0·03 |
| 1953 | 202 | 0·27 | 0·30 | 0·27 | 0·18 | 23 | 0·03 | 0·03 | 0·03 | 0·02 |
| 1954 | 181 | 0·24 | 0·26 | 0·25 | 0·16 | 21 | 0·03 | 0·02 | 0·03 | 0·02 |
| 1955 | 162 | 0·22 | 0·22 | 0·22 | 0·13 | 9 | 0·01 | 0·005 | 0·01 | 0·02 |
| 1956 | 139 | 0·20 | 0·17 | 0·19 | 0·11 | 12 | 0·02 | 0·01 | 0·02 | 0·01 |
| 1957 | 102 | 0·14 | 0·14 | 0·14 | 0·09 | 11 | 0·01 | 0·02 | 0·01 | 0·01 |
| 1958 | 98 | 0·14 | 0·12 | 0·13 | 0·09 | 12 | 0·02 | 0·01 | 0·02 | 0·01 |
| 1959 | 87 | 0·11 | 0·12 | 0·12 | 0·08 | 5 | 0·01 | 0·01 | 0·01 | 0·01 |
| 1960 | 90 | 0·14 | 0·08 | 0·12 | 0·07 | 5 | 0·01 | 0·01 | 0·01 | 0·01 |
| 1961 | 88 | 0·12 | 0·11 | 0·12 | 0·06 | 5 | 0·01 | 0·01 | 0·01 | 0·01 |
| 1962 | 85 | 0·14 | 0·06 | 0·11 | 0·06 | 11 | 0·02 | 0·01 | 0·02 | 0·01 |

TUBERCULOSIS DEATH RATES



Tuberculosis (all forms)
 Pulmonary Tuberculosis
 Non-Pulmonary Tuberculosis

Death rate per 1,000 population
 "
 "
 "

INCIDENCE.

As will be seen from Table I on page 48, pulmonary tuberculosis notifications in Glamorgan were 318, compared with 356 in 1961.

The number of deaths from tuberculosis was 85, giving a death rate of 0.14 per 1,000 of the population, compared with 0.06 for England and Wales.

For some time there has been a tendency towards the notification of those cases where the patients' normal mode of life has been interfered with, while those with a primary infection, which responds rapidly to treatment, have not been notified. The reporting of such cases is, however, of importance in order that contact tracing can be effectively carried out to ascertain, if possible, the source of infection. The Health Visiting staff co-operate with the chest physicians in this work, not only to assure the attendance of contacts at the chest clinic, but also to advise the patients and members of the household on measures to be taken to prevent risk of the spread of infection.

Several new cases of tuberculosis were discovered in the Abertridwr area, representing an incidence rate much above average, and, because of this, it was decided, in consultation with the local chest physician, the District Medical Officer of Health, and the Divisional Medical Officer, to invite the Mass Radiography Service to carry out an X-ray survey.

Letters were sent to all residents in Abertridwr informing them of the position, and telling them that a unit of the Mass Radiography Service would be stationed in Abertridwr from 10th to 28th September, and inviting all, with the exception of schoolchildren, to attend for X-ray.

As a result of the appeal, over 92 per cent of the population available attended for X-ray. 333 of the total were found abnormal, 260 of these having other abnormalities of the chest, most of which can be considered to be of no clinical significance. The remaining seventy-three cases were referred to the chest clinic for further investigation.

Three active cases of pulmonary tuberculosis were discovered and four malignant neoplasms. The result of the survey did not reveal an excessive number of unknown tuberculosis cases in the community.

Three-elevenths of the time of the chest physicians is regarded as being devoted to preventive work for the Local Health Authority. During occasional conferences I have held with these officers I have been satisfied that the many preventive aspects of their work are kept very much to the fore.

B.C.G. VACCINATION.

B.C.G. vaccination was administered by the chest physicians to 1,455 contacts of patients in their care. Schoolchildren contacts numbering 333 were also vaccinated with B.C.G. by assistant school medical officers. In addition 5,044 children, a decrease of 654 over the previous year, were vaccinated by assistant school medical officers under arrangements first introduced for school leavers in 1953 and extended in 1959 to older schoolchildren and students.

Following receipt of Circular 6/61 from the Welsh Board of Health (30th January, 1961), the Committee authorised the extension of the scheme for B.C.G. vaccinations, so that this protection should be offered to children between 10 and 13 years of age in appropriate cases.

The following tables show details of the work done in each Division and by the chest physicians :—

B.C.G. VACCINATION.

| Division. | School children scheme. | | | | Students attending further education establishments. | | | |
|-----------------------------|-------------------------|------------------------|------------------------|--------------------|--|------------------------|------------------------|--------------------|
| | Number skin tested. | Number found positive. | Number found negative. | Number vaccinated. | Number skin tested. | Number found positive. | Number found negative. | Number vaccinated. |
| Aberdare and Mountain Ash | 1,333 | 376 | 731 | 731 | 4 | 1 | 3 | 3 |
| Caerphilly and Gelligaer .. | 1,257 | 105 | 1,152 | 823 | 49 | 46 | 3 | 1 |
| Mid-Glamorgan | 1,269 | 275 | 994 | 989 | — | — | — | — |
| Neath and District | 236 | 20 | 216 | 213 | — | — | — | — |
| Pontypridd and Llantrisant | 648 | 222 | 387 | 384 | — | — | — | — |
| Port Talbot and Glyncorrwg | 863 | 166 | 689 | 680 | — | — | — | — |
| South-East Glamorgan .. | 252 | 46 | 196 | 196 | — | — | — | — |
| West Glamorgan | 603 | 112 | 464 | 462 | 8 | 3 | 5 | 5 |
| Rhondda | 1,009 | 289 | 627 | 557 | — | — | — | — |
| Totals | 7,470 | 1,611 | 5,456 | 5,035 | 61 | 50 | 11 | 9 |

CONTACT SCHEME.

| Chest Physician. | Number skin tested. | Number found positive. | Number found negative. | Number vaccinated. |
|---|---------------------|------------------------|------------------------|--------------------|
| Dr. T. W. Davies (Swansea) | 141 | 36 | 105 | 91 |
| Dr. R. G. Prosser-Evans (Neath and Port Talbot) | 169 | 15 | 154 | 97 |
| Dr. H. Trail (Bridgend) | 266 | 86 | 170 | 258 |
| Dr. E. A. Aslett (Merthyr and Aberdare) | 741 | 499 | 242 | 149 |
| Dr. J. Glyn Cox (Pontypridd and Rhondda) (includes 150 new-born babies not mantoux tested before vaccination) | 2,043 | 1,515 | 528 | 694 |
| Prof. F. Heaf (Rhymney and Sirhowy) | 144 | 20 | 124 | 106 |
| Dr. S. H. Graham (Cardiff) | 73 | 8 | 60 | 60 |
| Divisional Medical Officers | 384 | 51 | 333 | 333 |
| Totals | 3,961 | 2,230 | 1,716 | 1,788 |

HEALTH EDUCATION.

Health education, which aims at promoting the well-being of the individual, should form a part of every medical and nursing activity, and all members of the staff are encouraged to bear this in mind whenever they have contact with individuals during the course of their normal work. The health visitors, in particular, have shown great interest and activity in this field, giving group talks to mothers in the clinics on many topics. Film strips and various forms of demonstration material have been made available for the health visitors' use, while some have also made their own posters and models.

The personal contact between the health visitor and the young mother is, I think, one of the most successful methods of health education. However, the shortage of staff, coupled with the development of the social services which are now making greater demands on the specialised health visitor, makes the time available for health education limited. If the health visitor can be relieved of such duties as immunisation clinics, laying out of equipment, sterilization, and other similar work, it will be possible for her to devote a greater amount of her time to the prevention of ill health and the promotion of good health.

The work of the Health Department and that of the Divisional Health Committees received good local press publicity during the year, particularly about smallpox vaccination, poliomyelitis vaccination, and other branches of activity where it was most desired.

ISSUE OF MEDICAL COMFORTS.

Items of medical comforts are issued free on loan on medical recommendation to patients being nursed at home, and 4,500 items were issued, compared with 4,810 in 1961, mainly from the Divisional Health Offices, although the home nurses also have a small supply of those articles in greatest demand, namely bed pans, air rings, and rubber sheets. The more cumbersome types of invalid chairs are being replaced by modern lightweight chairs, which are easy to handle.

This little-advertised service, by making nursing requisites readily available, adds to the comfort of the patient and eases the burden of those members of the family who undertake the care of the patient during intervals between the visits of the home nurse.

AFTER-CARE OF PARAPLEGICS.

Industrial injuries and road accidents resulting in paraplegia bring requests from the orthopaedic hospitals for the provision of special equipment necessary for the nursing care of the injured on discharge from hospital.

Ten applications were dealt with during the year. Co-operation was maintained with the Director of Welfare Services in these and other cases where the patient's place of residence required any structural adaptation to increase comfort or mobility.

INCIDENCE OF BLINDNESS.

The work of examining all applicants for inclusion in the registers of blind and partially-sighted persons maintained by the County Director of Welfare Services has continued. During the year 705 examinations were carried out, 443 being first examinations.

In the western part of the County examinations are carried out by the consultants at their private consulting rooms, at the local hospital, or, where the patient is unable to travel, the consultant is requested to make a domiciliary visit and, in addition to the examination fee, a mileage allowance is paid. Dr. Gwladys Evans, the Senior Medical Officer, continues to carry out the examinations and re-examinations in the eastern part of the County. Where, however, a patient has been seen by a consultant and the patient is not already on the register of blind or partially-sighted persons, the consultant completes the Form B.D.8 and the appropriate fee is paid.

Some indication of the prevalence of the various causes of disability is given by the following :—

A. FOLLOW-UP OF REGISTERED BLIND AND PARTIALLY SIGHTED PERSONS.

| | Cause of Disability. | | | | Total. |
|--|----------------------|-----------|--------------------------|---------|--------|
| | Cataract. | Glaucoma. | Retrolental Fibroplasia. | Others. | |
| (1) Number of examinations during 1962 | — | — | — | — | 705 |
| (2) Number of persons registered as blind or partially sighted during 1962 | 170 | 34 | — | 207 | 411 |
| (3) Number of persons at (2) recommended for :— | | | | | |
| (a) No treatment | 65 | 8 | — | 125 | 198 |
| (b) Treatment (medical, surgical or optical) .. | 105 | 26 | — | 82 | 213 |
| (4) Number of persons at (3) (b) who on follow-up action have received treatment | 23 | 28 | — | 28 | 79 |

Senile cataract is still the principal cause of blindness.

At the end of the year there were 2,114 persons on the blind register and 708 on the partially-sighted register (including Rhondda).

Arrangements for the home teaching, visitation, and social welfare of these persons are made by the Welfare Services Department.

OPHTHALMIA NEONATORUM.

During the year seven cases of ophthalmia neoatorum were notified, but in none of these cases was vision lost or impaired.

PROVISION OF CONVALESCENCE.

Arrangements were made for the admission of 231 Glamorgan patients to the Porthcawl Rest under this scheme, but only 203 actually accepted the vacancies when offered.

SMOKING AND CANCER OF THE LUNG.

There were 295 deaths from cancer of the lung in 1962, being twenty-five more than in 1961.

In March a circular issued by the Welsh Board of Health drew the attention of local health authorities to the report on "Smoking and Health" published by the Royal College of Physicians.

The County Council decided to take advantage of an offer by the Central Council for Health Education for the temporary use of a mobile unit to supplement any publicity campaign which the County Council might organise. The bookings for the services of the mobile unit have been extremely heavy, and it is not possible for the Central Council to allocate any time to this Authority until January–February 1964.

As I have previously stated, I consider that any such campaign should emphasize the effect of smoking on schoolchildren, and the following report on an anti-smoking campaign in the Caerphilly and Gelligaer Health Division has been submitted by Dr. D. J. W. Anderson, the Divisional Medical Officer for that Division :—

“During the course of an anti-smoking campaign mounted in various schools in the Caerphilly and Gelligaer Division of Glamorgan, the film ‘Spotlight on Smoking’ was shown to pupils of the Bargoed Secondary Boys’ School by the Divisional Medical Officer.

This school has about 250 pupils for whom it provides a secondary modern type of education. It is situated in the town of Bargoed (population about 10,800) in the Rhymney mining valley of South Wales. Although the actual extent in the smoking habit amongst pupils was not determined prior to the showing of the film, it is thought to have been fairly widespread, having penetrated into the first and second forms.

During the discussion following the film the pupils suggested the formation of an Anti-Smoking Club to be run by themselves, with support from the school Headmaster and Divisional Medical Officer. This support was readily given, and the Club was formed. A Chairman (Tyrone Braine) and Secretary (Mervyn Jayne), both age 14, were elected.

Unfortunately, the 1962–63 winter, being very severe, caused the disruption of school activities, and little more than lip service was paid to the idea until March 1963. During the early days, however, certain activities were promoted. These included—

(1) *Poster Competition.* With the co-operation of the Art Master, boys were encouraged to design posters. Those with a reasonable drawing dexterity were asked to sketch their own designs. In an endeavour to enable even the poor artists to participate, a suggestion box was set up into which written ‘poster ideas’ could be placed for subsequent interpretation on to paper by the Art Master. This competition is continuing: a prize will be awarded for the best idea, and eventually the winning design, re-drawn if necessary, will be made into a poster for distribution amongst local schools.

(2) *Discussion Groups.* Smokers in the school were encouraged to meet regularly and discuss their problems with the Headmaster or Divisional Medical Officer. Each boy was invited to keep a notebook record of each cigarette smoked on a day-to-day basis so that comparison of one day with a previous day provided incentive to reduce the numbers smoked. Two teams were created and ‘house points’ were awarded to the team which had smoked the lowest number during each week. In this way the heavy smoker was discouraged by his team mates who quickly saw from the record notebooks who was letting the side down.

(3) *Playground Patrol.* A rota was worked out which provided for two pupils being on duty each day to ensure that there was no resort to undercover smoking on school premises. Except in the case of persistent offenders, it was not intended that these patrols should report incidents to the teaching staff, for fear of recriminations from pupils.

(4) *List of Shopkeepers.* Pupils were encouraged to compile a list of local shopkeepers prepared to sell cigarettes in packets, or even singly, to persons under 16 years. It is intended that a tactful follow-up shall be made in the first instance giving these shops a clear warning of the legal implications. In this connection the police have recently visited a small tobacconist following a complaint from the Headmaster substantiated on investigation.

The future success of any pilot venture such as the one under consideration depends upon provision of activities in which the pupils themselves may take part continuously in order that interest can be maintained. This was the aim of all the activities noted above. At the end of the Spring Term the boys were given holiday tasks to keep enthusiasm alive. These tasks included—

(1) *The Preparation of Exhibition Material.* With a view to setting up an exhibition stand of anti-smoking propaganda in the school, boys were asked to make appropriate material—giant-sized cigarettes, matches, match boxes, and other smoking appurtenances—together with appropriate poster material, etc.

(2) *Scrap Books.* All boys were issued with scrap books and invited to cull the daily newspapers and magazines for cuttings relating to the anti-smoking campaign generally and for articles relating to smoking hazards.

After the Easter holiday, with better weather conditions prevailing, the Club's activities were boosted in several ways—

(1) *Liaison with London School.* A liaison was sought with the large Kingsdale Secondary School, London, S.E.21, where a similar club has been formed with the encouragement of the Headmaster, Mr. S. G. Rees, and the Camberwell Borough Medical Officer of Health, Dr. H. D. Chalke. An invitation has been received for a small group of pupils from Bargoed to visit the London school.

(2) *Exhibition Stand.* The exhibition stand, for which preparations were mentioned above, has now been set up in the school library. It consists of a table display and a large background board with a variety of posters, graphs, etc. The intention is that the material on show will be varied at frequent intervals.

(3) *Integration of Activities into School Curriculum.* The various teaching departments of the school have directed their work to include opportunity for the boys to integrate their Club activities with the subject under instruction. In this field the Art Master has been very helpful in encouraging poster and pamphlet drawing; the Woodwork Teacher has provided materials for the exhibition stand, etc. Even the Music Teacher is encouraging some of the pupils to compose anti-smoking 'jingles'. Every form teacher has arranged for a Ministry of Health poster to be displayed in his classroom. These will be changed from time to time.

(4) *Film Strip.* The school camera club has commenced making an anti-smoking film strip using pupils from the school and familiar local settings.

(5) *Other Points.* The school duplicator is being put to effective use reproducing slogans, drawings, etc., on blotters issued to the pupils.

The local press have been most co-operative, and by their published reports have encouraged the boys to realise that a genuine interest in their activities is being taken by the community as a whole.

The constituency M.P. has offered to show a few of the Club members around the Houses of Parliament in the hope that, by so doing, his interest in an appreciation of their efforts will be manifest.

Apart from the invitation to visit Kingsdale School and the Houses of Parliament, mentioned above, other plans for the future include—

(1) *Provision of Badges.* To conform to the youthful desire to wear emblems and badges, the question of the provision of a suitable membership badge was discussed. Badges are being made for the Kingsdale School under the auspices of one of the popular medical magazines, and it is hoped that the Bargoed boys will receive a supply of the same badges.

(2) *Movie Film.* If the present film strip is successful there is the possibility of making a silent movie film by the school Camera Club. The question of a sound film has also been investigated, and an offer from a professional cameraman to help make such a film at cost price has been received.

(3) *Mock 'Radio Programme'.* With the aid of a tape recorder the boys hope to make a mock radio programme on the subject of smoking for relay in the school. Interviews with various local personalities will be sought, together with comments from local shopkeepers, teachers, parents, and the pupils themselves.

(4) *Evaluation.* A questionnaire will shortly be used in the school to discover how much of the widely varied anti-smoking educational material made available has been assimilated by the children.

(5) *Parental Co-operation.* It is hoped that parents will be made increasingly aware of the activities of the Club and they will be encouraged to further its aims within the family—in addition to the school—environment.

(6) *Eventual Aim.* As a long-term policy the pupils' aim is to prove that intensive and maintained interest in the Club will eventually result in the successful abolition of smoking throughout the school. It is hoped that, through the liaison with the Kingsdale School, these two establishments will pioneer many similar clubs throughout the country.

In the development of the Club, the Headmaster and Divisional Medical Officer are well aware of the fact that many of the ideas introduced may not prove wholly successful. Interest among adolescents can easily wane, and a constant flow of new ideas is necessary ; whether or not the efforts in this limited sphere will be successful remains to be seen, but co-operation between all parties concerned is essential and, fortunately, an excellent relationship exists in the area between Divisional Health and Education Offices and with the school Headmaster and his pupils."

CHIROPODY SERVICE.

The shortage of chiropodists qualified under existing regulations to work in clinics of the Local Health Authority restricted the expansion of this service. This difficulty was not unforeseen, but the Registration Board established under the Professions Supplementary to Medicine Act, 1960, hopes to complete its task by 30th June, 1963, of preparing a register of those entitled to practise chiropody, in accordance with the provisions of the Act. When this is done a gradual expansion of the chiropody service by the appointment of whole-time officers will be possible.

In the Ten-Year Development Plan the appointment of two whole-time chiropodists in each of the Health Divisions is envisaged, and it is planned that at least fourteen appointments should be made during the next five years, together with the equivalent of a further four whole-time chiropodists in the second period to give some additional weighting in areas where there is a high number of aged persons, or where there is a widespread distribution of the general population.

During 1962 the best use was made of the existing staff which, expressed in terms of whole-time equivalent, consisted of two officers. As will be seen from the following table, treatment clinics were arranged in all Health Divisions, but the number of sessions everywhere was quite inadequate to meet the demand, and many re-appointments were unavoidably delayed :—

| Division | Clinic | Day | Frequency | Chiropodist |
|-----------------------------|--|---------------------|-------------|----------------------|
| Aberdare and Mountain Ash | Aberdare Road, Mountain Ash | Thursday (all day) | Weekly | Miss E. J. Williams |
| | Rock Grounds, Aberdare | Friday (all day) | Weekly | Miss E. J. Williams |
| Caerphilly and Gelligaer | Cottage Homes, Bargoed | Monday (all day) | Fortnightly | Mr. Burland |
| | Tonyfelin Baptist Schoolroom, Caerphilly | Friday (all day) | Fortnightly | Mr. Burland |
| Mid-Glamorgan | Quarella Road, Bridgend | Thursday (all day) | Weekly | Mr. Burland |
| Neath and District | London Road, Neath | Wednesday (all day) | Weekly | Mr. T. Morris John |
| Pontypridd and Llantrisant | Ynysangharad Park, Pontypridd | Tuesday, a.m. | Weekly | Mr. Fell |
| | Talbot Green or Tonyrefail or Gilfach Goch | Monday (all day) | Fortnightly | Mr. Burland |
| Port Talbot and Glyncothrwg | Dew Road, Aberavon | Saturday, a.m. | Weekly | Mr. T. Morris John |
| | Depot Road, Cwmavon | Wednesday evening | Weekly | Mr. T. Morris John |
| South-East Glamorgan | Beecroft, Penarth | Tuesday (all day) | Weekly | Mr. Burland |
| | Bishops Road, Whitchurch | Saturday, a.m. | Weekly | Mr. Burland |
| West Glamorgan | Tirbach Road, Ystalyfera | Monday, p.m. | Fortnightly | Mrs. M. A. Llewellyn |
| | Infants' School, Pontardawe | Friday, p.m. | Fortnightly | Mrs. M. A. Llewellyn |
| | Welfare Hall, Gwauncaegurwen | Monday, p.m. | Monthly | Mrs. M. A. Llewellyn |
| | Gorseinon Clinic | Friday, p.m. | Monthly | Mrs. Holbeck |
| | Mechanics Institute, Pontardulais | Friday, p.m. | Monthly | Mrs. Holbeck |
| Rhondda | Carnegie Welfare Centre, Treallaw | Friday (all day) | Monthly | Mr. Burland |
| | Ferndale | Wednesday (all day) | Weekly | Mr. Burland |
| | Treorchy | Friday (all day) | Monthly | Mr. Burland |

On the work of his clinics, Mr. L. G. Burland, M.Ch.S., has submitted the following report :—

“The Chiropody Service has given treatment to patients as follows—

| | | | | | |
|--------------------|--------------------|-----------------|------------------|-------------------|----------------|
| <i>Old Age</i> | <i>Handicapped</i> | <i>Blind</i> | <i>Expectant</i> | | |
| <i>Pensioners.</i> | <i>Persons.</i> | <i>Persons.</i> | <i>Mothers.</i> | <i>Diabetics.</i> | <i>Others.</i> |
| 2,367 | 96 | 50 | 29 | 27 | 33 |

The interval between return visits for these patients has, of necessity, had to be a long one because of the shortage of suitably qualified chiropodists. However, with the recruitment in the near future of more chiropodists, this position should considerably improve.

It is felt that as a number of patients have presented themselves for treatment with diabetic diathesis, it should be a matter of routine that all new ones should have a urine test.

It has been observed that an increasing number of patients are presenting themselves with intermittent claudication or Babinski reflex. These patients have been referred to their medical practitioners for further examination.

It has been demonstrated that a number of female patients, through wearing stretch nylon hosiery, have produced exacerbation of their foot symptoms. They have been advised against this practice, and where a non-stretch hose has been worn instead the improvement in some cases has been remarkable.

A great deal still has to be done in trying to educate female patients regarding correct footwear. Of the many faults found with their shoes, the predominant and most important one is that they are fitted too short. It is hoped that by dint of perseverance these ladies will recognise this fact and take the advice offered them to correct this anomaly."

CO-ORDINATION COMMITTEES.

These Committees continue their useful, if unspectacular, work in the Health Divisions. They usually meet at two-monthly intervals and are attended by those officials, including representatives of voluntary bodies, who are directly interested in the supervision of the families under discussion.

The Committees have been in operation since 1951. They exercise supervision over a hard core of families, some of whom have been under surveillance for many years. It would be extremely difficult to evaluate the results obtained in the efforts to assist some of these cases. Where improvement is not readily discernible after long periods of intensive effort on the part of the health visitors and other social workers concerned, something is being achieved when further deterioration of standards is halted or prevented.

CARE OF THE AGED.

The proportion of the aged in the community continues to increase. The Registrar-General's most recent estimates of the over-65 population shows that as at 21st April, 1961, of the total population of 746,785 in Glamorgan 81,786 persons were 65 years and over, an increase in one year of 11,086.

The special needs of these groups vary, and every effort is made to meet these needs with the services which have been established by local health authorities, in particular through the provision of home nurses and home helps.

The appointment of consultant geriatricians by the Welsh Hospital Board has brought about a more direct link between the general practitioners, local health authority, and hospital services in the effort that is now being made to improve the health and welfare of the ever-increasing number of elderly persons living in the County.

Day centres for physiotherapy and other forms of rehabilitation have been established by some of the hospital management committees, thus giving interest, fresh hope, and a new outlook to those for whom very little has been done previously. As more centres are established, a greater burden is thrown on the Ambulance Service, which at times finds difficulty in meeting these additional demands. Ambulances are not the ideal vehicles for transporting these cases, and the provision of omnibus transport is being considered.

For the aged in the community a worth-while interest or hobby is of paramount importance in keeping them occupied. Safeguards against accidents, particularly in the home, are essential to their care, and an adequate and properly balanced diet are needed to ensure their good health.

The shortage of health visiting staff limits the amount of time which can be given to visiting the aged and, in most Divisions, visiting has to be done on a selective basis. To a lesser extent similar circumstances apply to the Home Help Service which never fails to provide a modicum of assistance for aged persons needing it.

Most of the home nurses' time is taken up with the care of the aged and infirm who by being nursed in their own homes are able to remain in familiar surroundings rather than be admitted to hospital.

If the aged in the community are to receive the support and home care which so many of them require, increases in the Home Help and Home Nursing Services will be inevitable in the years to come.

The W.V.S. is doing excellent work in the areas where the "Meals on Wheels" service has been introduced. In Glamorgan the service is gradually being extended but is still limited in scope.

As I have said in previous reports, a laundry service, free or at reduced rates, would be an invaluable boon to the aged.

HOME SAFETY.

The fact that sixteen deaths a day in this country are caused by home accidents shows how much real danger lurks in the ordinary household, particularly for small children and the elderly adult. The carelessness of adults in leaving dangerous tablets or fluids within reach of the curious toddler may result in very unpleasant, if not fatal, results.

Complacency, rather than active prevention, appears to be the accepted attitude of the public about the risks of accidents in the home or accidents on the road.

Injury or death from poisoning, from burns, or from falls in the home takes far too great a toll of young and old. An alteration of outlook, as well as greater care and vigilance, are necessary on the part of adults if "safety in the home" is to become more than an empty slogan.

Health visitors during their routine visits to homes advise on the precautions which should be taken against the risks of accidents, but their visits are to selected households, and an intensive campaign is not possible because of the shortage of health visitors.

The figures in the table on p. 95 show the number of deaths by violence in Glamorgan in the various age groups during 1962. This table does not, of course, give the number of people who sustain accidents in the home and who suffer consequent pain and incapacity for varying periods.

ROAD SAFETY.

Figures furnished by the Chief Constable show that 8,293 accidents occurred on roads in the Administrative County during 1962, an average of 22.7 per day.

Of the 4,095 resulting casualties, 69 were fatal, i.e. 20 less fatal casualties than in 1961 and a decrease of 113 in the total number of casualties.

MEDICAL EXAMINATION OF TEACHING AND OTHER STAFFS.

New entrants to the County Council's service are required to complete a questionnaire prepared by the County Medical Officer, a medical examination being arranged only if the necessity for one is indicated by the completed questionnaire. All new entrants to the Authority's teaching service are required to undergo chest X-ray examinations, and the appropriate arrangements are made with the local chest clinics and mass radiography units.

During the year 1,396 new entrants to the County service completed the medical questionnaire. Of these, 175 were referred for medical examination and 744 for chest X-ray examination. These figures include 330 new entrants to the County Teaching service, of whom thirty-three were referred for medical examination and 306 for chest X-ray examination.

Under the Ministry of Education regulations, all new entrants to the teaching profession must be medically examined. Fifty-nine such examinations were carried out, including twenty-two on behalf of other authorities. In addition, 434 candidates were medically examined as to fitness for admission to courses of training for teachers.

417 miscellaneous medical re-examinations (e.g. temporary staff, police pensioners, absentees, etc.) were carried out.

CO-OPERATION WITH VOLUNTARY ORGANISATIONS.

Following the receipt of Circular 7/62 (Wales), which suggested that local health authorities should consider, in consultation with voluntary organisations, how the work of voluntary bodies might be developed, discussions took place with the following organisations :—

- (a) The Red Cross Society ;
- (b) The W.V.S. ;
- (c) The Association for Mentally Handicapped Children ; and
- (d) Women's Institute.

There are a number of ways in which voluntary organisations can assist in the work undertaken by the County Council as a health and welfare authority and, as far as the Health Department is concerned, this would include assistance to the aged and chronic sick, such as regular visits to check that the old person is well and whether assistance of any kind is required.

Other fields of activity include transport of elderly patients to chiropody clinics, assistance to home nurses, including help with clothing, blanket bathing, etc., and also to the night sitter-in service ; looking after children so that the mother may keep a hospital appointment, regular hospital or hostel visiting of patients who do not otherwise receive regular visitors.

FLUORIDATION OF WATER SUPPLIES.

Following experiments in certain parts of the country in the fluoridation of water supplies as a means of reducing dental decay, the Minister of Health announced in the House of Commons on 10th December that he was now ready to approve, under section 28 of the National Health Service Act, 1946, the making of arrangements with water undertakers for the addition of fluoride to water supplies which are deficient in it naturally.

Extensive investigations in the United States over the past thirty years have shown that children born and brought up in an area with about one part per million of fluoride in the water have 50-60 per cent less dental decay than those brought up in areas where the water contains only traces of fluoride.

Professional organisations and the County Councils Association have, after consideration of the evidence available, recommended that a general fluoridation programme should be implemented. The implementation of a general programme in the county will receive further consideration at a later date.

SECTION 29—HOME HELP SERVICE.

Expressed in terms of whole-time equivalents, the establishment of this service on 31st December, 1962, was 317, an increase of $23\frac{1}{2}$. Actually there were on the payroll on that date 20 whole-time, 484 part-time, and 226 casual home helps.

Mrs. N. O. Parry is the County Organiser of Home Helps, and there are two Assistant Organisers who work in the Mid-Glamorgan and Rhondda Health Divisions, respectively. In some other Divisions the Non-Medical Supervisors of the Midwifery and Home Nursing Service undertake the supervisory duties in connection with this service, but in the remaining Divisions the work is allocated between these officers and the Divisional Superintendent Health Visitors.

The total number of cases assisted during the year, 4,370, showed a further increase, being 241 more than in 1961. Of these, 81 per cent were in the chronic sick and aged categories. With the increasing number of aged and infirm in the community the greater is the demand for the services of home helps.

With the early discharge of patients from hospital, arrangements have occasionally to be made for help to be available at week-ends. In order to meet the demands it will be necessary for the establishment to be greatly increased, and in the ten-year programme the estimated requirement by 1967 will be equivalent to $423\frac{1}{2}$ whole-time home helps, and by 1972, 635, which is double the present establishment.

In his review of the services provided in the Aberdare and Mountain Ash Health Division, Dr. J. Llewellyn Williams, the Divisional Medical Officer, comments as follows :—

“There is not much need for me to emphasise or re-emphasise the value of the Home Help Service. There is a very heavy demand, particularly in an aged population, for the services of a home help, and every effort is made to allocate the services of home helps as fairly as possible.

There are many cases of old people who are having a home help on one half-day a week where we would like to increase the help, but demand still outweighs the supply, but our increased establishment this year (as from 1st April) will assist us somewhat”.

The following table gives the number of home helps in each category employed during certain selected years since the appointed day, and is of interest in showing the variation in the number of part-time and casual home helps during this period :—

| Year. | Whole-time. | Part-time. | Casual. | Total. |
|-------|-------------|------------|---------|--------|
| 1948 | 44 | 26 | — | 70 |
| 1950 | 105 | 153 | 27 | 285 |
| 1956 | 17 | 53 | 551 | 621 |
| 1957 | 16 | 492 | 131 | 639 |
| 1958 | 17 | 569 | 90 | 676 |
| 1959 | 18 | 486 | 172 | 676 |
| 1960 | 19 | 462 | 220 | 701 |
| 1961 | 21 | 468 | 195 | 684 |
| 1962 | 20 | 484 | 226 | 730 |

The following table shows the number of home helps employed in each division and the number and types of cases where help was provided during the year :—

HOME HELP SERVICE.

| | Aberdare and Mountain Ash | Caerphilly and Gelligaer | Mid-Glamorgan | Neath and District | Pontypridd and Llantrisant | Port Talbot and Glyncorrwg | South-East Glamorgan | West Glamorgan | Rhondda | Total |
|--|------------------------------|-----------------------------|---------------|-----------------------|-------------------------------|-------------------------------|-------------------------|----------------|---------|-------|
| No. of Home Helps employed at the 31st December, 1962— | | | | | | | | | | |
| Whole-time .. | 2 | 4 | — | 1 | 3 | — | 9 | — | 1 | 20 |
| Part-time | 52 | 38 | 91 | 56 | 36 | 46 | 62 | 20 | 83 | 484 |
| Casuals | 12 | 30 | 47 | — | 33 | 17 | 24 | 38 | 25 | 226 |
| No. and types of cases where Home Help was provided during the year— | | | | | | | | | | |
| Maternity | 13 | 6 | 26 | 10 | 5 | 10 | 101 | 6 | 6 | 183 |
| Tuberculous .. | 2 | 2 | 4 | 3 | 10 | 3 | 8 | 1 | 11 | 44 |
| Chronic sick .. | 178 | 60 | 134 | 103 | 27 | 63 | 256 | 166 | 376 | 1,363 |
| Acute sick | 21 | 47 | 8 | 31 | 75 | 4 | 119 | 24 | 30 | 359 |
| Aged and infirm .. | 243 | 235 | 325 | 194 | 263 | 236 | 272 | 125 | 287 | 2,180 |
| Blind | 34 | 26 | 32 | 15 | 19 | 15 | 31 | 12 | 24 | 208 |
| Mental | — | — | 1 | — | — | — | 2 | 1 | 7 | 11 |
| Others | 1 | — | 14 | — | — | 2 | — | 5 | — | 22 |
| No. of cases in which charges were made in accordance with the recovery scale— | | | | | | | | | | |
| Whole fee charged | 10 | 2 | 13 | 8 | 6 | 35 | 161 | 26 | 7 | 268 |
| Part fee charged .. | 22 | 50 | 105 | 22 | 21 | 41 | 185 | 25 | 39 | 510 |
| Free service | 460 | 324 | 426 | 326 | 372 | 257 | 443 | 289 | 695 | 3,592 |

Free service was rendered in a total of 3,592 cases, part fee was charged in 510, and full fee in 268.

The corresponding figures for 1961 were—free cases 3,148; part fee, 625; and full fee, 356.

Home help was supplied to 183 maternity cases. This is a decrease of sixty-two over the figure for 1961. The heaviest demand again arose in the South-East Glamorgan Division, where home help was provided in 101 maternity cases. Compared with the total number of cases attended by County midwives (5,139) home help was provided in very few (183) households, and there is little doubt that many young parents find that the cost of the services of a home help is more than they feel justified in paying.

The cost of this service increases steadily, as the following table shows :—

| | 1950-51 | 1956-57 | 1957-58 | 1958-59 | 1959-60 | 1960-61 | 1961-62 |
|----------------------------------|---------|----------|----------|----------|----------|----------|----------|
| Authorised establishment | 230 | 269 | 272½ | 272½ | 273 | 280 | 293½ |
| Actually employed on 31st March— | | | | | | | |
| Whole-time | 95 | 19 | 20 | 15 | 16 | 20 | 21 |
| Part-time | 141 | 56 | 490 | 497 | 459 | 476 | 463 |
| Casual | 83 | 535 | 157 | 223 | 203 | 213 | 230 |
| Actual expenditure | £46,407 | £120,485 | £127,198 | £131,184 | £132,916 | £142,089 | £154,339 |

The estimated expenditure on the Home Help Service for 1962-63 is £170,600.

HOME HELP SERVICE.

QUARTERLY ANALYSIS OF CASES ASSISTED SINCE 1ST JANUARY, 1958.

| Quarter ended | Maternity. | | Tubercu- losis. | | Chronic Sick. | | Acute Sick. | | Aged and Infirm. | | Blind. | | Mental. | | Other. | |
|----------------|------------|------|--------------------|------|------------------|-------|----------------|------|---------------------|-------|--------|------|---------|------|--------|------|
| | No. | % | No. | % | No. | % | No. | % | No. | % | No. | % | No. | % | No. | % |
| 1958. | | | | | | | | | | | | | | | | |
| 31st March .. | 70 | 2.72 | 56 | 2.17 | 812 | 31.52 | 206 | 8.00 | 1263 | 49.03 | 133 | 5.16 | — | — | 36 | 1.40 |
| 30th June .. | 65 | 2.46 | 55 | 2.08 | 802 | 30.34 | 217 | 8.21 | 1346 | 50.93 | 137 | 5.18 | — | — | 21 | 0.80 |
| 30th September | 50 | 1.93 | 51 | 1.97 | 825 | 31.90 | 191 | 7.39 | 1336 | 51.66 | 123 | 4.76 | 1 | 0.04 | 9 | 0.35 |
| 31st December | 54 | 2.02 | 57 | 2.13 | 843 | 31.57 | 198 | 7.42 | 1304 | 48.84 | 145 | 5.43 | 2 | 0.08 | 67 | 2.51 |
| 1959. | | | | | | | | | | | | | | | | |
| 31st March .. | 66 | 2.49 | 47 | 1.77 | 854 | 32.18 | 196 | 7.38 | 1303 | 49.09 | 130 | 4.90 | 1 | 0.04 | 57 | 2.15 |
| 30th June .. | 65 | 2.34 | 46 | 1.66 | 934 | 33.61 | 189 | 6.80 | 1391 | 50.05 | 137 | 4.93 | 2 | 0.07 | 15 | 0.54 |
| 30th September | 62 | 2.24 | 47 | 1.70 | 957 | 34.60 | 180 | 6.51 | 1364 | 49.31 | 144 | 5.21 | 2 | 0.07 | 10 | 0.36 |
| 31st December | 53 | 1.91 | 41 | 1.47 | 971 | 34.93 | 162 | 5.83 | 1399 | 50.32 | 136 | 4.89 | 3 | 0.11 | 15 | 0.54 |
| 1960. | | | | | | | | | | | | | | | | |
| 31st March .. | 58 | 1.99 | 46 | 1.58 | 1011 | 34.75 | 188 | 6.46 | 1449 | 49.79 | 135 | 4.64 | 2 | 0.07 | 21 | 0.72 |
| 30th June .. | 84 | 2.74 | 52 | 1.70 | 1057 | 34.50 | 191 | 6.24 | 1515 | 49.46 | 140 | 4.57 | 2 | 0.07 | 22 | 0.72 |
| 30th September | 91 | 3.01 | 52 | 1.72 | 1029 | 34.07 | 198 | 6.55 | 1497 | 49.55 | 137 | 4.53 | 2 | 0.07 | 15 | 0.50 |
| 31st December | 71 | 2.34 | 41 | 1.35 | 1018 | 33.65 | 209 | 6.91 | 1536 | 50.78 | 133 | 4.40 | 2 | 0.07 | 15 | 0.50 |
| 1961. | | | | | | | | | | | | | | | | |
| 31st March .. | 69 | 2.19 | 39 | 1.24 | 1039 | 33.05 | 228 | 7.25 | 1610 | 51.21 | 140 | 4.45 | 4 | 0.13 | 15 | 0.48 |
| 30th June .. | 82 | 2.56 | 41 | 1.28 | 1098 | 34.22 | 229 | 7.14 | 1606 | 50.06 | 134 | 4.18 | 6 | 0.19 | 12 | 0.37 |
| 30th September | 76 | 2.36 | 39 | 1.22 | 1080 | 33.59 | 220 | 6.84 | 1649 | 51.27 | 137 | 4.26 | 3 | 0.09 | 12 | 0.37 |
| 31st December | 76 | 2.33 | 40 | 1.22 | 1075 | 32.76 | 229 | 6.98 | 1691 | 51.54 | 156 | 4.75 | 4 | 0.12 | 10 | 0.30 |
| 1962. | | | | | | | | | | | | | | | | |
| 31st March .. | 76 | 2.25 | 34 | 1.01 | 1120 | 33.17 | 243 | 7.20 | 1725 | 51.08 | 162 | 4.80 | 3 | 0.09 | 14 | 0.40 |
| 30th June .. | 54 | 1.64 | 36 | 1.09 | 1081 | 32.84 | 205 | 6.23 | 1737 | 52.76 | 162 | 4.92 | 3 | 0.09 | 14 | 0.43 |
| 30th September | 44 | 1.34 | 33 | 1.00 | 1044 | 31.68 | 246 | 7.47 | 1759 | 53.38 | 153 | 4.64 | 4 | 0.12 | 12 | 0.37 |
| 31st December | 43 | 1.22 | 37 | 1.05 | 1107 | 31.35 | 249 | 7.05 | 1910 | 54.09 | 169 | 4.79 | 10 | 0.28 | 6 | 0.17 |

SECTION 51—MENTAL HEALTH SERVICE.

ADMINISTRATION.

(a) The Authority's powers and duties under the Mental Health Act, 1959, are the responsibility of the Health Committee, who have appointed the Special Health Services Sub-Committee to deal with these matters. Dr. C. J. Revington, my Deputy, handles the many problems that arise in the day-to-day administration of this branch of the Department's work.

Most of the examinations of mentally subnormal patients referred by the Education Committee are undertaken on behalf of the Local Health Authority by Dr. Gwladys Evans, the Senior Medical Officer.

(b) The names of the occupation and training centres provided by the Council and the supervisors in charge are set out below :—

| | | | |
|---------------|----|----|--|
| Aberaman | .. | .. | Miss M. E. Stephens (to 21st December, 1962). |
| Barry | .. | .. | Miss B. A. Jenkins. |
| Briton Ferry | .. | .. | Miss M. E. Grey. |
| Trealaw | .. | .. | Mr. D. T. James. |
| Ystrad Mynach | .. | .. | Miss D. M. John. |

(c) *Health Welfare Officers*.—There were no new appointments during 1962, and the number of health welfare officers remained at sixteen. For the purpose of organising the work of these officers, the County has been divided into eight areas. One male and one female officer have been assigned to each area.

OCCUPATION AND TRAINING.

Occupation centre provision for pupils residing within the Administrative County, and the age range of those attending, are shown in the following tables :—

| Centre | Accommodation | Numbers in attendance on 31st December, 1962 | | |
|----------------------------------|---------------|---|--------|-------|
| | | Male | Female | Total |
| Aberaman | 55 | 25 | 21 | 46 |
| Barry | 75 | 33 | 40 | 73 |
| Briton Ferry | 75 | 42 | 34 | 76 |
| Trealaw | 75 | 39 | 26 | 65* |
| Ystrad Mynach | 75 | 49 | 26 | 75 |
| Cardiff County Borough Centre .. | — | 1 | — | 1 |
| Swansea County Borough Centres.. | — | 9 | 2 | 11 |
| Hensol Castle | — | 3 | — | 3 |
| | | 201 | 149 | 350 |

(* To 31st May, 1962).

| Centre | Aged 5-9 | | Aged 10-15 | | Aged 16 and over | | Total | |
|-----------------------|----------|--------|------------|--------|------------------|--------|-------|--------|
| | Male | Female | Male | Female | Male | Female | Male | Female |
| Aberaman | — | 3 | 7 | 9 | 18 | 9 | 25 | 21 |
| Barry | 9 | 8 | 8 | 7 | 16 | 25 | 33 | 40 |
| Briton Ferry | 5 | 3 | 18 | 13 | 19 | 18 | 42 | 34 |
| Trealaw | 5 | 8 | 15 | 4 | 19 | 14 | 39 | 26* |
| Ystrad Mynach | 4 | 2 | 18 | 10 | 27 | 14 | 49 | 26 |
| Cardiff | — | — | 1 | — | — | — | 1 | — |
| Swansea | 1 | 1 | 4 | 1 | 4 | — | 9 | 2 |
| Hensol Castle | 1 | — | 1 | — | 1 | — | 3 | — |
| Totals | 25 | 25 | 72 | 44 | 104 | 80 | 201 | 149 |

(* To 31st May, 1962).

During each term a conference of the centre supervisors is held. This provides opportunity for discussing various problems of common interest and has proved of value to the supervisors themselves and to the department.

WAITING LISTS (OCCUPATION AND TRAINING CENTRE).

There are 175 persons on the waiting list for admission to an occupation or training centre. Most of these should be catered for when the proposed centres at Aberkenfig and Penllergaer have been built.

OCCUPATION AND TRAINING CENTRES.

Special Activities.

Open Days.

Very successful open days were held on the dates shown below :—

| | |
|-------------------------|-------------------|
| Monday, 16th July .. | .. Barry. |
| Tuesday, 17th July .. | .. Aberdare. |
| Wednesday, 18th July .. | .. Ystrad Mynach. |
| Thursday, 19th July .. | .. Briton Ferry. |

Dancing displays were given by some of the girls. Pupils and staff demonstrated some of the work undertaken at the centres, and there was a sale of finished articles. These were of a high standard and were usually bought by relatives or friends of the pupils by whom they had been made.

On these occasions, as usual, many parents attended and showed considerable interest in the work that is being done generally at the centres.

Thanks to the help of Miss Brown and to the enthusiasm of the staff, there has been a considerable improvement in the work done by the pupils during the year.

Carol Services.

The annual Carol Service was held at each centre during the first fortnight in December, followed on 18th to 20th December by Christmas parties. The staff and voluntary helpers worked hard in preparation, and on the actual day, to make these functions successful and pleasurable for those who participated, as well as for the onlookers.

Combined Annual Outing.

A successful combined outing attended by 290 pupils and staff of the Aberaman, Barry, Briton Ferry, Treallaw, and Ystrad Mynach Centres was held at Porthcawl on 19th June.

Meals were provided at the Coney Beach Restaurant and mention must be made of the most helpful and warm attitude of the staff in their service to the pupils.

Thanks are also due to Sir Leslie Joseph, whose generosity enabled a very happy time at the Fun Fair to round off a most enjoyable occasion, and to the members of the staff of my department who were responsible for arranging this function.

Gifts.

In my reports to the Special Health Services Sub-Committee during the year details have been given of the gifts presented for the benefit of pupils of the various occupation centres.

The items presented have been many and varied and among the donors were parents, relatives, or friends of the pupils, local firms, and voluntary organisations. This generosity is greatly appreciated by the supervisors and staff of the centres, who are encouraged by the knowledge that the work they are engaged in is attracting the sympathy and interest of the local community.

IMPROVEMENTS.

During the year building work commenced on the following projects :—

Hostel for Sub-Normal Children, Barry.

This hostel is being erected on a site of approximately 0.46 acre of land at the junction of Gladstone Road and Belmont Street, Barry. The site was appropriated from Education to Health purposes.

Occupation and Training Centre and Residential Hostel, Aberkenfig.

This site, comprising approximately 2.2 acres, was purchased from the Trustees of the Aberkenfig Public Memorial Hall and Welfare Association.

The Centre, which should be completed in 1963, has been designed to cater for seventy-five pupils, who will travel to and from their homes daily, plus twenty-five pupils who will be resident in the hostel wing. Mid-day meals will be supplied from a nearby schools meals canteen.

Occupation and Training Centre, Penllergaer.

The centre now being built at Penllergaer is on 0.5 acre of land adjoining Penllergaer Primary School and it is intended to provide accommodation for sixty pupils. The site was appropriated from Education to Health purposes.

Site at Talbot Green.

A site of approximately $\frac{1}{2}$ acre of land has been appropriated from Police to Health Service purposes at the rear of the Magistrates' Court at Talbot Green. It is proposed eventually that approximately half of the site will be released to the Llantrisant and Llantwit Fardre Rural District Council, who will provide the Authority with the equivalent area more conveniently situated for the provision of the centre. It is intended to build by March 1964 an occupation and training centre to serve the needs of the Pontypridd area.

CONVEYANCE OF PUPILS.

At the end of the year, by arrangements with private hirers, eighteen special routes were in operation for the conveyance of pupils to and from the various centres.

WAITING LISTS—HOSPITALS FOR THE MENTALLY SUBNORMAL.

At the end of the year there was a waiting list of 268, classified as follows :—

| | | | | | | | |
|--|----|----|----|----|----|----|-----|
| (1) Patients urgently requiring admission | .. | .. | .. | .. | .. | .. | 43 |
| (2) Patients who would accept admission if a bed was available but whose admission is not considered urgent | .. | .. | .. | .. | .. | .. | 40 |
| (3) Patients who would not be prepared to accept admission at present but who it is anticipated will require admission in the future | .. | .. | .. | .. | .. | .. | 205 |

This waiting list is far too long. Many of the patients in group (1) on the list present serious problems of management in the home. Admission of a patient to hospital for a short term when it can be arranged does provide a few weeks' welcome respite for parents or relatives, but is a very poor substitute for a permanent place in hospital.

When hostels attached to occupation and training centres are available, some short-term care may be possible within them.

TRAINING OF ASSISTANT SUPERVISORS.

In September a conference was held with representatives of neighbouring authorities regarding the results of the Course of Instruction for Assistant Supervisors of Training Centres in South Wales and Monmouthshire. The conference expressed their satisfaction with the arrangements that had been made by Dr. C. W. Anderson (Deputy Medical Officer of Health of Cardiff), the course organiser.

Of the twelve students enrolled for the 1961-62 course five were members of the staff of Glamorgan occupation centres and all the Glamorgan students passed the final examination.

A similar course has been arranged for the year 1962-63 and three students from Glamorgan have been enrolled.

MAESGLAS, HEOLGAM, BRIDGEND.

This hostel, which is designed to accommodate up to twenty-five girls between the ages of 16 and 30, was completed on 5th July, 1962, and ready for occupation in September.

Mrs. Ann Day took up the duties of her appointment as Warden on 1st October and five girls were admitted in the following week.

The aim of this hostel was to provide living accommodation for subnormal girls working in the area of Bridgend. At the same time their residence in a unit of this kind enables continuous attention to be given to both their social and "work habit" training.

Maesglas is the first establishment of its kind in Glamorgan and without the complete co-operation of the Ministry of Pensions and National Insurance and local employers it would be very difficult to place the girls in suitable employment.

The success of such a venture depends, to a large extent, upon the personality of the Warden who has a difficult task in the day to day management of the affairs of the hostel. Mrs. Day approached her task with an enthusiasm which quickly established a good relationship, not only between herself and the girls, but also with many outside persons interested in the work of the hostel.

There was local opposition to the proposal to build the hostel on the present site, which was overcome following a public inquiry held by the Ministry of Housing and Local Government in June 1960. However, the opening of the hostel has not apparently created any difficulties; in fact many of the local residents have taken part in the social activities of the group.

Opening Ceremony.

As a tribute to the part he had taken in the development of the Mental Health Services during the period of his appointment as Deputy County Medical Officer, the Committee invited Dr. R. T. Bevan, Senior Medical Officer, Welsh Board of Health, to open the hostel. The ceremony took place on 4th December and the Vice-Chairman of the County Council, County Alderman Thomas Evans, presided.

HOSTEL FOR WORKING BOYS.

By the end of the year efforts were still being made to find a suitable site in Pontypridd for this project and it is hoped that it might be possible, with the goodwill of the Education Committee, to obtain a site at the rear of Holly House, Pontypridd.

VISITORS.

There have been several visitors to the centres during the year, including some from overseas, officers of other Authorities, trainee mental health and social workers, training college students, and senior girls from local grammar schools.

One patient was admitted to hospital under section 60 of the Mental Health Act, 1959.

Eighty-six patients were admitted to hospital for short-term care.

| | Number of patients admitted since 1953 to hospitals | | | |
|------------|---|----------------------|---------------------|---------------------|
| | Under Order | On an informal basis | As places of safety | For short-term stay |
| 1953 | 58 | — | 19 | 2 |
| 1954 | 46 | — | 16 | 12 |
| 1955 | 44 | — | 13 | 12 |
| 1956 | 56 | — | 15 | 21 |
| 1957 | 39 | — | 11 | 34 |
| 1958 | 15 | 40 | 7 | 28 |
| 1959 | 1 | 31 | 4 | 35 |
| 1960 | 1 | 36 | 2 | 49 |
| 1961 | 1 | 35 | — | 67* |
| 1962 | 7 | 46 | — | 86 |

* In addition, 12 patients were admitted to the Old Rectory, Porthkerry, where one bed was available until 31st August for the use of the Local Authority's cases. The usual length of stay is fourteen days. The cost to the Authority is five guineas a week.

This table shows the marked reduction in the number of patients admitted under Order and by contrast the number of patients admitted informally for short-term care in the past three years.

HOSPITAL ADMISSIONS OF MENTALLY DISORDERED PERSONS.

Since 1st July, 1955, the catchment area of mental hospitals affecting Glamorgan were rearranged by the Hospital Board as follows :—

| <i>Hospital.</i> | <i>Catchment area.</i> |
|-----------------------------|---|
| Pen-y-val, Abergavenny .. | Monmouth County (except Caerleon Urban District, Magor, and St. Mellons Rural District), Gelligaer Urban District, and Brynmawr Urban District. |
| Whitchurch, near Cardiff .. | Cardiff County Borough, Penarth Urban District, and Cardiff Rural District East (comprising Parishes of Lisvane, Llanedeyrne, Radyr, Rhyd-y-Gwern, Rudry, St. Fagans, Whitchurch, and Van). |
| Morgannwg, Bridgend .. | Glamorgan County (except Cardiff Rural District East, Gower Rural District, Llwchwr Urban District, Pontardawe Rural District, Gelligaer Urban District, and Penarth Urban District), and Merthyr County Borough. |
| Cefn Coed, Swansea .. | Swansea County Borough, Gower Rural District, Llwchwr Urban District, and Pontardawe Rural District. |

During 1962 the health welfare officers arranged the admission to hospital of 686 patients, 313 of whom were admitted informally.

SUMMARY OF HOSPITAL ADMISSIONS ARRANGED BY HEALTH WELFARE OFFICERS.

| Year | Mental Health Act, 1959 | | | | Mental Treatment Act, 1930 | | Lunacy Act, 1890 | | | | Informally | Total admissions arranged |
|---------|-------------------------|------------|------------|------------|------------------------------|------------------------------|---|--|---------|-----|------------|---------------------------|
| | Section 60 | Section 25 | Section 26 | Section 29 | Section 1 Voluntary Patients | Section 5 Temporary Patients | Section 14-16 Patients certified as of unsound mind | Section 20 Patients admitted for observation | | | | |
| | M. F. | M. F. | M. F. | M. F. | M. F. | M. F. | M. F. | M. F. | M. F. | | | |
| 1953 .. | - - | - - | - - | - - | 221 265 | 2 3 | 90 97 | 55 38 | - - | - - | 771 | |
| 1954 .. | - - | - - | - - | - - | 208 260 | - 2 | 91 97 | 51 56 | - - | - - | 765 | |
| 1955 .. | - - | - - | - - | - - | 158 222 | - 2 | 82 95 | 99 82 | - - | - - | 740 | |
| 1956 .. | - - | - - | - - | - - | 136 187 | - 1 | 72 79 | 95 119 | - - | - - | 689 | |
| 1957 .. | - - | - - | - - | - - | 130 180 | - 4 | 47 52 | 123 143 | - - | - - | 679 | |
| 1958 .. | - - | - - | - - | - - | 122 164 | 1 3 | 25 36 | 119 194 | - - | - - | 664 | |
| 1959 .. | - - | - - | - - | - - | 142 152 | 6 8 | 24 27 | 140 210 | 16 33 | - - | 758 | |
| 1960 .. | - - | 4 5 | 5 3 | 21 34 | 22 20 | - - | 19 16 | 98 156 | 156 228 | - - | 787 | |
| 1961 .. | - - | 12 14 | 5 11 | 188 235 | - - | - - | - - | - - | 163 235 | - - | 863 | |
| 1962 .. | 1 - | 9 12 | 8 7 | 146 190 | - - | - - | - - | - - | 131 182 | - - | 686 | |

There were 177 less admissions last year compared with 1961.

The informal admissions indicate the understanding of patients themselves towards mental illness and the need to seek early treatment. The number of admissions arranged under section 29 of the Mental Health Act, 1959, are much greater than might be expected. This section provides for the admission of patients for observation in case of emergency. It should only be used in a case of urgent necessity as only one medical recommendation is needed to support the application, whereas the procedures for admission of patients for observation or treatment are founded on the written recommendations, in the prescribed form, of two medical practitioners.

COMMUNITY CARE.

Under the arrangements for after-care the health welfare officers dealt with 443 male and 740 female cases, compared with 347 male and 478 female cases in the previous year. Regular visits extending over many months are usually found to be necessary. In addition, 89 male and 214 female patients, who have not been admitted to hospital, are visited by the health welfare officers.

This is a gratifying increase made possible by an increase in the number of officers available for this work. Copies of reports on the patients visited are furnished to the medical superintendents of the hospitals by whom after-care was requested. Visits are discontinued only with the agreement of the consultant concerned, with whom the progress of particular patients is discussed at the monthly conferences held at the hospital or at psychiatric out-patient clinics.

Only in a few instances have patients themselves resented visits or expressed a desire for their discontinuance. Most patients and their relatives are appreciative of the advice and supportive influence of the health welfare officers who, in the course of their work, maintain close co-operation, where necessary, with statutory and voluntary agencies on behalf of the patients on their lists.

Until her retirement in October 1962 the County Superintendent Health Visitor (Miss E. G. Wright) was present at the child psychiatric clinics held at the East Glamorgan Hospital and the Cardiff Royal Infirmary and was thus able to maintain a most effective co-operation between the clinic, the mental health section of my Department, and the Health Visiting Service. These duties were then undertaken by the Deputy Principal Nursing Officer (Miss Jennet Davies).

During the year the health welfare officer for the area has continued attendance at the psychiatric out-patient clinic held at the Amy Evans Memorial Hospital, Barry.

SCOTT REPORT.

The Sub-Committee appointed by the Standing Mental Health Advisory Committee on the Training of Staff of Training Centres for the Mentally Subnormal published its report (The Scott Report) in July 1962. The main recommendations and conclusions of the Scott Committee are as follows :—

“(1) Authorities and staff should be made aware of the need for educational and psychological research on mental subnormality and should be encouraged to co-operate in, indeed to initiate, research whenever a suitable opportunity occurs.

(2) Courses of two years' training should be provided in places approved by a Central Training Council. This should be the main source of supply of teachers in training centres.

(3) Arrangements should be made with an institute of education to provide, in association with other similar courses, one-year supplementary courses for qualified teachers who wish to undertake teaching in training centres.

(4) Consideration should be given by a Central Training Council to the introduction in a teacher training college of a specially designed experimental course lasting three years for unqualified staff.

(5) Local and hospital authorities should give their staff every encouragement to take refresher courses.

(6) A residential Central College with research interests should be established and the two-year training courses we propose as our main recommendation should be provided there, among other places.

(7) A student accepted for two-year training should normally have the General Certificate of Education with not less than three “O” level passes, one of which should be English Language.

(8) The minimum age of entry to a two-year course should be 18 years of age.

(9) Local and hospital authorities, perhaps in conjunction as may be locally convenient, should establish trainee schemes for school leavers between 16 and 18 years of age, with a day a week release for further education.

(10) A Central Training Council should consider introducing suitable shorter courses for staff other than those undertaking two-year training, e.g. instructors in adult centres.

(11) Unqualified members of the teaching staff who have ten years' experience and satisfactory service should be regarded as qualified.

(12) The establishment, maintenance, and development of higher national standards of training should be supervised by a permanent independent body financed from public funds. A Central Council should be established for these purposes.

(13) The Central Training Council should have an advisory staff of experts, who would keep in close touch with training centres.

(14) The ratio of teaching staff to pupils in junior centres should be of the order of 1 : 10. Trainee teachers should be regarded as supernumerary.

(15) The supervisor of a centre, whether junior or adult, training upwards of 50 of the mentally subnormal, should be free of responsibility for a group or class.

(16) The employing authority should give adequate financial assistance to a student undertaking training, or satisfy itself that the local education authority will make a satisfactory grant.

(17) A teaching staff of 1,900 with an annual intake of 150-200 teachers is required for junior centres.

(18) An annual intake of 75-100 instructors is required for adult centres. This rate can be expected to increase.

(19) All staff employed at the date of the first course and eligible for training should have received it within ten years from that date.

(20) At least ten two-year courses will be required annually over the next ten years."

In five Glamorgan occupation and training centres, including the one in Rhondda, four catered for seventy-five pupils and the remaining one for fifty-five pupils.

The staffing ratio is below that recommended by the Scott Report and, in view of the type of case dealt with, the County Council agreed to increase the establishment in each occupation centre by two assistant supervisors in the next financial year.

In addition, it was agreed that :—

(a) the grading of supervisors of occupation and training centres be reviewed ;

(b) unqualified members of the teaching staff who have ten years' experience and satisfactory service be regarded as qualified ;

(c) the ratio of teaching staff to pupils in junior centres shall be of the order of 1 : 10 and that trainee teachers be regarded as supernumeraries ;

(d) the supervisor of a centre, whether junior or adult, training upwards of fifty of the mentally subnormal, be free of responsibility for a group or class ;

(e) that a post of senior assistant supervisor, with an appropriate plusage, be established at each centre ; and

(f) that this post be occupied by the male assistant unless the supervisor is a man.

PUBLIC HEALTH.

GLAMORGAN COUNTY PUBLIC HEALTH LABORATORY.

The following is an account of the year's work at the County Public Health Laboratory, which is under the control of Mr. D. Evans Jones, M.Sc., F.R.I.C., the County Analyst, who also acts as Public Analyst for the undermentioned authorities :—

County.

Glamorgan County Council.

Outside Authority.

Merthyr Tydfil.

Municipal Boroughs.

Barry.

Neath.

Port Talbot.

Rhondda.

Urban District Councils.

Aberdare.

Pontypridd.

In addition, work is undertaken under the Fertilisers and Feeding Stuffs Act, 1926, for the Glamorgan County Council and Merthyr Tydfil County Borough.

Phosphatase tests on milk samples are undertaken on behalf of the Medical Research Council.

The following table gives an account of the chemical examinations undertaken at the County Laboratory during the year :—

| Description of Samples. | County Council. | County Districts. | Other Bodies and Authorities. | Total. |
|--------------------------------------|-----------------|-------------------|-------------------------------|--------|
| Food and Drugs Acts samples .. | 4,796 | 1,602 | 366 | 6,764 |
| Fertilisers and feeding stuffs | 140 | — | 30 | 170 |
| Water | 11 | 1,008 | 48 | 1,067 |
| River water and effluents | 1 | 37 | 5 | 43 |
| Pasteurised milk | — | — | 2,826 | 2,826 |
| Sterilised milk | — | — | 91 | 91 |
| Ice-cream | — | 296 | 8 | 304 |
| Atmospheric pollution | — | 328 | 70 | 398 |
| Radioactivity | — | 63 | 31 | 94 |
| Miscellaneous | 42 | 44 | — | 86 |
| Totals | 4,990 | 3,378 | 3,475 | 11,843 |

The chief groups of chemical examinations are classified in the following table, which gives a comparison with the records of the previous year :—

| Nature of examination. | 1961. | 1962. | Increase. | Decrease. |
|-------------------------------------|--------|--------|-----------|-----------|
| Food and Drugs | 6,743 | 6,764 | 21 | — |
| Fertiliser and feeding stuffs | 173 | 170 | — | 3 |
| Water | 1,048 | 1,067 | 19 | — |
| River water and effluents | 36 | 43 | 7 | — |
| Pasteurised and Sterilised milk .. | 3,336 | 2,917 | — | 419 |
| Ice-cream | 350 | 304 | — | 46 |
| Atmospheric pollution | 524 | 398 | — | 126 |
| Radioactivity | 57 | 94 | 37 | — |
| Miscellaneous | 76 | 86 | 10 | — |
| Total | 12,343 | 11,843 | 94 | 594 |

FOOD HYGIENE REGULATIONS.

These are administered by the Councils of the County Districts. Their officers are vigilant in the supervision of food shops and premises within their area.

From production to consumer effective hygiene measures are essential through every chain of food handling if large-scale outbreaks of food poisoning are to be prevented, and early notification of all cases of food poisoning is very desirable to enable prompt investigation of the cause.

Food and Drugs Act, 1955.

During the year 1962 from all sources a total of 6,764 samples were submitted to the County Laboratory for examination under the Food and Drugs Act, 1955. Of this number 4,796 were submitted from the Administrative County and 55 (or 1·1 per cent) were reported upon as adulterated or otherwise unsatisfactory.

The 1961 figure for unsatisfactory samples was 93 (or 1·4 per cent).

Of the 1,968 samples submitted by the Local Authorities of Aberdare, Pontypridd, Rhondda, Port Talbot, Neath, Barry, and Merthyr Tydfil, 17 (or 0·9 per cent) were reported upon as adulterated or otherwise unsatisfactory.

Legal proceedings in respect of unsatisfactory or adulterated food were undertaken in nine cases, fines totalling £175, plus costs of £49 18s. 4d. being imposed on the vendors or suppliers.

Action is also taken on other unsatisfactory samples which are necessarily taken informally, such as cake and sponge mixtures and vitamin preparations, eleven such samples being dealt with during the year.

The district council in each case was asked to arrange for the confiscation of all remaining stocks held by the retailers, and steps were taken to inform manufacturers of any unsatisfactory products so that every effort may be made on their part to avoid further cause for complaint.

The following report on the year's work has been contributed by the Senior County Public Health Inspector, Mr. W. D. Lewis :—

“The total number of samples of foods and drugs procured during the year was 4,796, all of which were submitted to the Public Analyst for examination. Of this total, only fifty-five samples, equal to 1·0 per cent were reported as being incorrect.

Of the total number of samples taken, 3,181 were samples of foods and drugs and 1,615 were samples of milk.

The samples of foods reported as incorrect were chiefly labelling offences of a technical nature and these were dealt with by letters from the Clerk of the County Council. The remainder of the incorrectly reported samples consisted of meal mites, rancid fat and excess tin content and, in these cases, the remainder of the stock was confiscated by the local authorities and the manufacturers notified by the Clerk of the County Council.

It is pleasing to report that not a single case of adulteration was included in the incorrect samples and that none of those reported warranted legal proceedings.

Complaints regarding foreign bodies in foods are a continuous source of trouble and, of the many complaints received and investigated, legal proceedings were taken in ten cases. The complaints included glass in milk bottles, dirty milk bottles, nail in sweets, safety pins in apple tarts, and mouldy pies and tarts.

Fines and costs totalling £224 were imposed in the cases which were the subject of legal proceedings.

Milk.

The presumptive standard for milk (excluding Channel Islands Milk) is 3·00 per cent milk fat and 8·50 per cent solids not fat. The standard of milk sold to the public continued to be satisfactory and gave no cause for complaint. Of the 1,615 samples of milk which were submitted to the Public Analyst for analysis, all but eleven—equal to 0·68 per cent—were reported correct. Where the deficiency was in the fat content, further samples were taken and found to be satisfactory. Where the deficiency was in solids not fat, the Hortvet Test showed that there was no evidence of added water.

Milk sold as Channel Islands Milk must conform to an absolute standard of 4·00 per cent milk fat and 8·50 per cent solids not fat. All samples taken were satisfactory.

Milk (Special Designations) Order.

There are four pasteurising establishments licensed by the County Council, two are H.T.S.T. type and two Holder type pasteurisers.

Regular visits of inspection are made to these dairies and samples taken of the milk to ensure that the milk is properly pasteurised. A total of 537 samples of milk was taken during the year, two of which were unsatisfactory.

These four pasteurising establishments pasteurise and bottle upwards of 14,000 gallons of milk per day—over three-quarters of a million bottles per week.

The losses due to non-return of bottles are described as appalling, whilst the condition of large numbers of bottles returned is disgraceful—thousands having to be destroyed each week.

Pharmacy and Poisons Act, 1933.

Seven-hundred-and-sixty premises are listed for the sale of poisons under Part II of the Act and 1,083 visits were made to these premises.

Fertilisers and Feeding Stuffs Act.

One-hundred-and-thirty-six samples of fertilisers and feeding stuffs were collected and submitted to the County Laboratory for analysis. Three samples were found to be incorrect and the results were forwarded to the Authority in whose area the feeding stuffs were manufactured for their information and action."

CLEAN AIR ACT, 1956.

This Act is administered by the County District Councils, who have been given more extensive powers than hitherto to control atmospheric pollution caused by the emission of smoke from chimneys in their area.

Problems arising out of atmospheric pollution continue to be of concern to medical officers of health, industrialists, technologists, and research workers, as well as to those living in our industrial areas.

The urban district councils in the County with large works, foundries, or industrial plants within their boundaries are very conscious of these problems and of their powers under the Clean Air Act and in many areas there is frequent consultation between the local medical officer of health, works managements, and experts to ensure compliance with the requirements of the Act. The elimination of dust and fumes from boilers, furnaces, and coke or coal handling plant is an expert and costly procedure. In the construction of new works or factories it would be impossible to give too much consideration to the need of ensuring fuel efficiency and the installation of efficient apparatus which will reduce air pollution to the absolute minimum.

In Glamorgan, as elsewhere, the old-type domestic fire makes no small contribution to the pollution of the atmosphere. An atmosphere completely free of smoke or noxious fumes is, of course, impossible but implementation of the long-term provisions of the Clean Air Act will go a long way towards the promotion of a cleaner atmosphere.

The facilities of the County Laboratory are available for district councils who wish to have tests made to show the extent of air pollution in any part of their districts and during the year 328 tests were undertaken on behalf of County District Councils.

HOUSING.

I am indebted to the County District Surveyors and Engineers for the following table showing the housing construction figures for the respective districts in 1962. For purposes of comparison the totals for 1961 have been inserted to show the increase in house building.

| District. | By Local Authority. | | | | By private enterprise, Building Societies etc. | | |
|---|--|--|-------------------------------|--|---|---|--|
| | Number of Permanent and Temporary Houses. | | | | Number of houses completed and occupied during the year 1962. | Number partly completed during the year 1962. | Number for which plans were passed but not commenced during the year 1962. |
| | Completed and occupied during the year 1962. | Partly completed during the year 1962. | Sanctioned but not commenced. | Total completed and occupied since 1918. | | | |
| | (1) | (2) | (3) | (4) | (5) | (6) | (7) |
| Aberdare Urban | 60 | — | 629 | 2,089 | 67 | 80 | 291 |
| Barry Borough | 6 | 46 | — | 3,070 | 73 | 80 | 34 |
| Bridgend Urban | 41 | 6 | 100 | 1,627 | 40 | 5 | 40 |
| Caerphilly Urban | 158 | 94 | — | 2,576 | 87 | N.A. | N.A. |
| Cowbridge Borough | — | — | — | 62 | — | — | — |
| Gelligaer Urban | 256 | 10 | 96 | 1,794 | 11 | 11 | — |
| Glyncorwg Urban | 61 | 75 | 52 | 942 | — | — | — |
| Llchwyr Urban | 84 | 84 | — | 1,704 | 61 | 92 | 109 |
| Maesteg Urban | 44 | — | 74 | 891 | 29 | 70 | 20 |
| Mountain Ash Urban | 6 | — | — | 1,127 | 13 | 11 | 9 |
| Neath Borough | 74 | 64 | 58 | 2,630 | 97 | 25 | 105 |
| Ogmore and Garw Urban | — | 52 | 33 | 1,099 | 1 | 2 | 7 |
| Penarth Urban | 40 | 30 | 4 | 1,302 | 97 | 78 | 249 |
| Pontypridd Urban | 144 | 320 | — | 2,053 | 39 | 76 | 14 |
| Porthcawl Urban | — | — | — | 368 | 143 | 56 | 254 |
| Port Talbot Borough | 245 | 136 | 281 | 6,622 | 98 | 156 | 22 |
| Rhondda Borough | 112 | 233 | 412 | 2,425 | 7 | 17 | 49 |
| Cardiff Rural | 25 | 49 | 12 | 2,239 | 462 | 496 | 164 |
| Cowbridge Rural | 36 | 4 | — | 1,600 | 175 | 106 | 31 |
| Gower Rural | — | — | — | 449 | 130 | 27 | 65 |
| Llantrisant and Llantwit Fardre Rural | 98 | 8 | — | 2,626 | 43 | 80 | 88 |
| Neath Rural | 91 | 74 | — | 3,166 | 54 | 92 | 10 |
| Penybont Rural | 159 | 307 | 38 | 3,933 | 430 | 218 | 237 |
| Pontardawe Rural | 86 | 305 | — | 2,500 | 29 | — | — |
| Totals 1962 | 1,826 | 1,897 | 1,789 | 48,894 | 2,186 | 1,778 | 1,798 |
| Totals 1961 | 1,552 | 1,781 | 1,092 | 46,996 | 2,025 | 1,668 | 1,038 |

N.A. = Not Available

RURAL WATER SUPPLIES AND SEWERAGE ACTS, 1944-45.

The undermentioned schemes have received the support of the Authority as being necessary public health measures and under these Acts financial assistance has been given to the local sanitary authorities as follows :—

Cardiff Rural District Council.

| | | |
|--|-------|--|
| Creigiau Sewerage Scheme | | Half-yearly payments of £501 for 30 years. |
| Mill Road, Lisvane—sewer extension | .. | Grant of £1,260. |
| Swanbridge Sewerage and Sewage Disposal Scheme | | Half-yearly payments of £180 for 30 years. |

Mountain Ash Urban District Council.

| | | |
|---|--|---------------------------|
| Water main to Parc Newydd Farm and Stormstown Cottages, Abercynon | | Lump sum payment of £162. |
|---|--|---------------------------|

Neath Rural District Council.

| | | |
|---|----|--|
| Water supply to Rhos Cottages, Crynant | .. | Grant of £298. |
| Jersey Marine Village Sewerage and Sewage Disposal Scheme | | Half-yearly payments of £104 for 30 years. |
| Greenhill Cottages, Ynisarwed Sewerage Scheme | | Grant of £519. |

Pontardawe Rural District Council.

| | | |
|---|-------|--|
| Rhiwfawr, Cwmllynfell Water Supply Scheme | | Half-yearly payments of £307 for 30 years. |
| Craig-cefn-parc Water Supply | | Half-yearly payments of £380 for 30 years. |

STATISTICAL REVIEW, 1962.

The following table gives the birth rate, death rate, and infant mortality rate for England and Wales and the Administrative County of Glamorgan for the year 1962, and for the purpose of comparison quotes similar statistics for the years 1961 and 1942 :—

| | | | Crude Birth Rate (per 1,000 population) | | | Crude Death Rate (per 1,000 population) | | | Infant Mortality Rate (per 1,000 live births) | | | |
|------------------------------------|-------------------------------------|-----------------|--|-------|-------|--|-------|-------|--|-------|-------|----|
| | | | 1962 | 1961 | 1942 | 1962 | 1961 | 1942 | 1962 | 1961 | 1942 | |
| | | | | | | | | | | | | |
| England and Wales | .. | .. | 18.0 | 17.4 | 15.8 | 11.9 | 12.0 | 11.6 | 21.4 | 21.6 | 49 | |
| Administrative County of Glamorgan | .. | | 17.21 | 17.03 | 18.2 | 12.27 | 12.41 | 12.1 | 24.60 | 22.89 | 55 | |
| Total Urban Districts | .. | .. | 17.37 | 16.90 | 18.5 | 12.60 | 12.60 | 12.5 | 25.12 | 22.99 | 56 | |
| Total Rural Districts | .. | .. | 16.84 | 17.33 | 17.6 | 11.48 | 11.96 | 10.9 | 23.34 | 22.67 | 53 | |
| Health Division. | Constituent Districts. | | | | | | | | | | | |
| Aberdare and Mountain Ash | Aberdare Urban | .. | 15.50 | 15.32 | 15.1 | 15.50 | 14.60 | 13.6 | 36.36 | 20.10 | 66 | |
| | Mountain Ash Urban | .. | 16.33 | 16.07 | 18.6 | 12.36 | 11.57 | 13.1 | 26.97 | 14.74 | 46 | |
| Caerphilly and Gelligaer | Caerphilly Urban | .. | 20.07 | 19.73 | 20.1 | 11.37 | 11.52 | 11.3 | 20.63 | 32.44 | 64 | |
| | Gelligaer Urban | .. | 19.66 | 18.23 | 21.8 | 12.09 | 11.39 | 11.4 | 21.80 | 31.55 | 57 | |
| Mid-Glamorgan | Bridgend Urban | .. | 17.07 | 17.46 | 16.2 | 12.24 | 12.22 | 13.2 | 15.50 | 26.92 | 34 | |
| | Maesteg Urban | .. | 18.24 | 17.48 | 20.1 | 11.47 | 12.82 | 11.4 | 17.68 | 13.19 | 61 | |
| | Ogmore & Garw Urban | .. | 16.82 | 18.49 | 18.7 | 11.35 | 11.87 | 11.3 | 36.72 | 12.89 | 58 | |
| | Porthcawl Urban | .. | 16.98 | 15.98 | 15.6 | 15.18 | 13.87 | 12.9 | 15.87 | 34.48 | 34 | |
| | Penybont Rural | .. | 19.38 | 19.98 | 17.4 | 12.28 | 13.15 | 9.5 | 29.23 | 26.57 | 54 | |
| Neath and District | Neath Borough | .. | 15.55 | 14.97 | 16.1 | 14.51 | 12.84 | 11.9 | 25.16 | 15.32 | 60 | |
| | Neath Rural | .. | 15.55 | 15.49 | 17.7 | 11.81 | 12.01 | 11.7 | 26.69 | 25.32 | 73 | |
| Pontypridd and Llantrisant | Llantrisant & Llantwit Fardre Rural | .. | 18.43 | 19.44 | 20.2 | 10.93 | 10.47 | 10.1 | 34.07 | 24.90 | 38 | |
| | Pontypridd Urban | .. | 16.15 | 15.76 | 18.4 | 14.49 | 14.12 | 13.5 | 27.92 | 26.83 | 61 | |
| Port Talbot and Glyncoirwg | Glyncoirwg Urban | .. | 19.92 | 21.15 | 23.6 | 9.75 | 13.19 | 12.2 | 31.91 | 38.10 | 62 | |
| | Port Talbot Borough | .. | 19.10 | 18.21 | 19.8 | 9.78 | 10.18 | 11.7 | 20.47 | 20.86 | 45 | |
| South-East Glamorgan | Barry Borough | .. | 18.84 | 18.21 | 19.3 | 10.97 | 10.61 | 12.0 | 11.36 | 17.06 | 50 | |
| | Cardiff Rural | .. | 16.80 | 17.31 | 15.2 | 11.41 | 11.88 | 9.9 | 13.06 | 15.33 | 36 | |
| | Cowbridge Borough | .. | 16.36 | 8.18 | 16.9 | 13.64 | 14.55 | 19.4 | 55.56 | — | 95 | |
| | Cowbridge Rural | .. | 16.19 | 17.96 | 21.5 | 7.64 | 7.38 | 13.0 | 9.38 | 19.44 | 53 | |
| | Penarth Urban | .. | 17.41 | 16.71 | 15.9 | 13.25 | 12.35 | 12.3 | 22.22 | 20.53 | 40 | |
| West Glamorgan | Gower Rural | .. | 17.02 | 17.89 | 16.8 | 10.85 | 15.81 | 11.0 | 22.94 | 26.79 | 55 | |
| | Llwchwr Urban | .. | 14.65 | 14.83 | 19.5 | 12.89 | 12.74 | 11.6 | 13.62 | 18.97 | 41 | |
| | Pontardawe Rural | .. | 14.08 | 13.79 | 16.8 | 13.24 | 13.18 | 12.3 | 25.35 | 23.58 | 53 | |
| Rhondda | .. | Rhondda Borough | .. | 16.60 | 15.86 | 18.0 | 13.37 | 14.29 | 13.2 | 36.01 | 26.32 | 63 |

“CRUDE” AND “ADJUSTED” RATES.

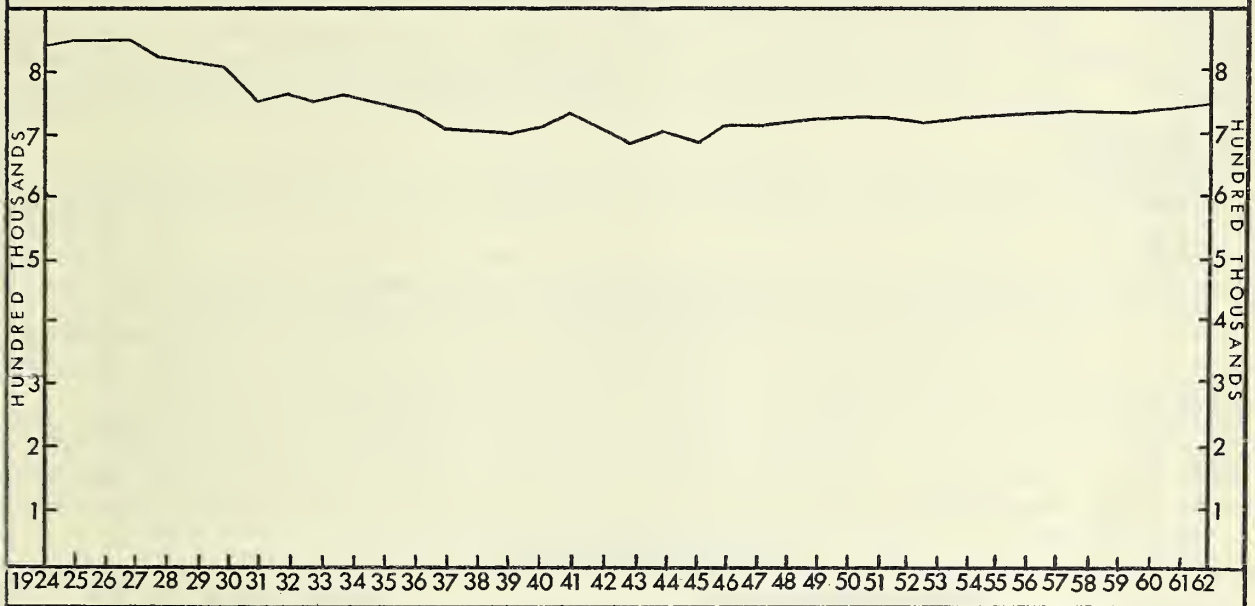
The tables of vital statistics on pp. 98 and 99 show “adjusted” as well as “crude” birth and mortality rates. Rates of birth and mortality can be considerably affected by the age, and to a slighter extent, by the sex constitution of the populations concerned. The crude rates are, therefore, unsatisfactory as a measure for comparison of birth and death rates. Some form of standardisation is, therefore, desirable to make allowance for the age and sex composition of the population.

POPULATION.

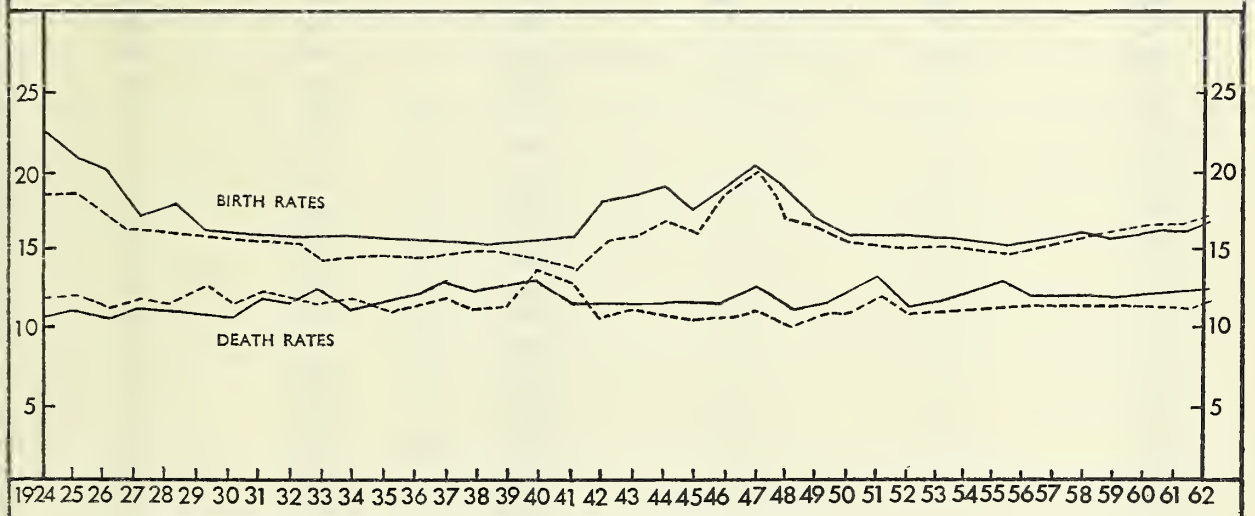
The estimates of the Registrar-General give the population of the Administrative County as 748,700, an increase of 4,830 on the 1961 estimate of 743,870.

| Year | Population | Excess of Births over Deaths | Year | Population | Excess of Births over Deaths |
|------|------------------|---------------------------------|------|------------------|---------------------------------|
| 1893 | 521,872 | 10,012 | 1942 | 714,400 | 4,422 |
| 1903 | 631,398 | 13,137 | 1943 | 697,300 | 4,125 |
| 1913 | 791,208 | 14,363 | 1944 | 704,540 | 5,043 |
| 1923 | 827,900 | 10,656 | 1945 | 697,780 | 3,621 |
| 1924 | 839,500 | 10,294 | 1946 | 710,160 | 5,208 |
| 1925 | 843,400 | 8,989 | 1947 | 712,070 | 5,491 |
| 1926 | 843,100 | 8,213 | 1948 | 725,200 | 5,316 |
| 1927 | 837,000 | 5,366 | 1949 | 730,400 | 3,619 |
| 1928 | 812,200 | 5,748 | 1950 | 737,890 | 2,483 |
| 1929 | 809,200 | 4,582 | 1951 | 732,100 (Census) | 1,855 |
| 1930 | 809,200 | 4,921 | 1952 | 732,500 | 2,366 |
| 1931 | 766,141 (Census) | 3,670 | 1953 | 736,300 | 3,224 |
| 1932 | 763,000 | 3,482 | 1954 | 737,800 | 2,483 |
| 1933 | 758,160 | 2,504 | 1955 | 737,400 | 1,484 |
| 1934 | 751,650 | 3,579 | 1956 | 738,000 | 2,576 |
| 1935 | 743,800 | 3,015 | 1957 | 740,600 | 2,996 |
| 1936 | 731,350 | 2,358 | 1958 | 743,100 | 3,414 |
| 1937 | 714,200 | 1,714 | 1959 | 746,300 | 3,207 |
| 1938 | 708,500 | 1,982 | 1960 | 747,490 | 3,335 |
| 1939 | 709,500 | 1,746 | 1961 | 743,870 (Census) | 3,438 |
| 1940 | 716,400 | 2,077 | 1962 | 748,700 | 3,705 |
| 1941 | 740,310 | 2,595 | | | |

POPULATION



BIRTH AND DEATH RATES



Glamorgan rates per 1,000 population _____

England and Wales rates per 1,000 population -----

The following miscellaneous statistical tables are inserted for purposes of comparison :—

BIRTHS.

| | 1947 | 1948 | 1949 | 1950 | 1951 | 1952 | 1953 | 1954 | 1955 | 1956 | 1957 | 1958 | 1959 | 1960 | 1961 | 1962 |
|--|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|
| Administrative County .. | 20.8 | 18.9 | 17.1 | 16.2 | 16.3 | 16.2 | 16.2 | 15.6 | 15.1 | 15.8 | 16.3 | 16.5 | 16.2 | 16.7 | 17.0 | 17.2 |
| England and Wales .. | 20.5 | 17.9 | 16.7 | 15.8 | 15.5 | 15.3 | 15.5 | 15.2 | 15.0 | 15.7 | 16.1 | 16.4 | 16.5 | 17.1 | 17.4 | 18.0 |
| Illegitimate birth-rate per 1,000 births— | | | | | | | | | | | | | | | | |
| Administrative County .. | 34 | 34 | 31 | 35 | 32 | 30 | 31 | 28 | 28 | 28 | 28 | 26 | 29 | 31 | 32 | 38 |
| England and Wales .. | 52 | 53 | 50 | 49 | 47 | 46 | 46 | 46 | 46 | 46 | 46 | 49 | 51 | 54 | 59 | 66 |

DEATH RATE.

| | 1947 | 1948 | 1949 | 1950 | 1951 | 1952 | 1953 | 1954 | 1955 | 1956 | 1957 | 1958 | 1959 | 1960 | 1961 | 1962 |
|-----------------------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|
| Administrative County .. | 13.1 | 11.6 | 12.2 | 12.8 | 13.8 | 11.6 | 11.8 | 12.3 | 13.1 | 12.3 | 12.3 | 11.9 | 12.0 | 12.2 | 12.4 | 12.3 |
| England and Wales .. | 12.0 | 10.8 | 11.7 | 11.6 | 12.5 | 11.3 | 11.4 | 11.3 | 11.7 | 11.7 | 11.5 | 11.7 | 11.6 | 11.5 | 12.0 | 11.9 |

INFANT MORTALITY.

| Year. | Deaths under one year per 1,000 Births. | | Year. | Deaths under one year per 1,000 Births. | |
|-------|--|-----------------------|-------|--|-----------------------|
| | Glamorgan | England and Wales. | | Glamorgan. | England and Wales. |
| 1918 | 95 | 97 | 1940. | 65 | 55 |
| 1920. | 90 | 80 | 1941. | 67 | 59 |
| 1921. | 93 | 83 | 1942. | 55 | 49 |
| 1922. | 90 | 77 | 1943. | 56 | 49 |
| 1923. | 75 | 69 | 1944. | 48 | 46 |
| 1924. | 77 | 75 | 1945. | 58 | 46 |
| 1925. | 83 | 75 | 1946. | 45 | 43 |
| 1926. | 76 | 70 | 1947. | 51 | 41 |
| 1927. | 86 | 69 | 1948. | 41 | 34 |
| 1928. | 75 | 65 | 1949. | 40 | 32 |
| 1929. | 80 | 74 | 1950. | 39 | 30 |
| 1930. | 69 | 60 | 1951. | 37 | 30 |
| 1931. | 77 | 66 | 1952. | 34 | 28 |
| 1932. | 72 | 65 | 1953. | 31 | 27 |
| 1933. | 79 | 64 | 1954. | 32 | 26 |
| 1934. | 65 | 59 | 1955. | 34 | 25 |
| 1935. | 64 | 57 | 1956. | 30 | 24 |
| 1936. | 63 | 59 | 1957. | 31 | 23 |
| 1937. | 65 | 58 | 1958. | 29 | 23 |
| 1938. | 60 | 53 | 1959. | 28 | 22 |
| 1939. | 60 | 50 | 1960. | 29 | 22 |
| | | | 1961. | 23 | 22 |
| | | | 1962. | 25 | 21 |

The birth rate shows a slight increase (17·21) compared with the rate (17·03) for 1961, which is a little less than the figure for England and Wales (18·0). The illegitimate birth rate of 38·1 illegitimate children per 1,000 live births shows an increase compared with the rate for previous years and remains little more than half the rate, 66, for England and Wales. It is the highest figure since 1946.

The death rate, 12·27, shows a slight decrease over the 1961 figure of 12·41 and remains as usual slightly higher than the rate for England and Wales.

Infant mortality, expressed as the number of deaths under one year per 1,000 births, shows an increase from 22·89 in 1961 to 24·60 in 1962, which is as usual higher than the rate for England and Wales (21·4).

The average infant mortality rate for the Glamorgan Urban Districts was 25·12 and for the Rural Districts it was 23·34.

The highest rates were recorded in Aberdare, Mountain Ash, Ogmore and Garw, Pontypridd and Glyncoirwg Urban Districts, Neath, Cowbridge, and Rhondda Municipal Boroughs, and Penybont, Neath, Llantrisant and Llantwit Fardre, and Pontardawe Rural Districts.

As will be seen from the following table, the number of neo-natal deaths, i.e. the number of deaths occurring within the first four weeks of life, continues to be higher in Glamorgan than in England and Wales.

NEO-NATAL DEATH RATES.

| | Rate per 1,000 live births. | |
|------|-----------------------------|--------------------|
| | Glamorgan. | England and Wales. |
| 1951 | 22·9 | 18·8 |
| 1952 | 20·9 | 18·9 |
| 1953 | 19·3 | 17·7 |
| 1954 | 21·5 | 17·7 |
| 1955 | 22·7 | 17·3 |
| 1956 | 20·3 | 16·9 |
| 1957 | 21·8 | 16·5 |
| 1958 | 20·5 | 16·2 |
| 1959 | 21·0 | 15·8 |
| 1960 | 21·5 | 15·6 |
| 1961 | 16·74 | 15·5 |
| 1962 | 16·45 | 15·1 |

MATERNAL MORTALITY.

| | Glamorgan. | | England and Wales. |
|---------|------------|------------------------------------|------------------------------------|
| | Deaths. | Death rate per 1,000 total births. | Death rate per 1,000 total births. |
| 1940 .. | 51 | 4.15 | 2.16 |
| 1941 .. | 50 | 3.87 | 2.23 |
| 1942 .. | 46 | 3.39 | 2.01 |
| 1943 .. | 62 | 4.67 | 2.29 |
| 1944 .. | 51 | 3.59 | 1.93 |
| 1945 .. | 42 | 3.21 | 1.79 |
| 1946 .. | 33 | 2.31 | 1.43 |
| 1947 .. | 28 | 1.84 | 1.17 |
| 1948 .. | 30 | 2.27 | 1.02 |
| 1949 .. | 18 | 1.40 | 0.98 |
| 1950 .. | 22 | 1.80 | 0.86 |
| 1951 .. | 16 | 1.30 | 0.79 |
| 1952 .. | 9 | 0.74 | 0.72 |
| 1953 .. | 15 | 1.23 | 0.76 |
| 1954 .. | 7 | 0.59 | 0.69 |
| 1955 .. | 11 | 0.96 | 0.64 |
| 1956 .. | 8 | 0.67 | 0.56 |
| 1957 .. | 9 | 0.73 | 0.47 |
| 1958 .. | 10 | 0.79 | 0.44 |
| 1959 .. | 4 | 0.32 | 0.38 |
| 1960 .. | 12 | 0.94 | 0.39 |
| 1961 .. | 5 | 0.39 | 0.34 |
| 1962 .. | 3 | 0.23 | 0.36 |

The number of maternal death was three, a decrease of two compared with last year's figure and is the lowest ever recorded in the County. Two of the deaths were due to embolism and one from uraemia.

INFECTIOUS DISEASES.

There were eight notifications of diphtheria, with one death. Twenty-eight cases of whooping cough were notified.

There were 269 cases of dysentery in 1962, compared with 209 in 1961. Of these cases, ninety-one occurred in the Rhondda Municipal Borough.

SMALLPOX.

During the year forty-four cases of smallpox were notified and the following is a summary of the report published by the Ministry of Health on the smallpox outbreak between December 1961 and April 1962 as it affected Glamorgan :—

I. INTRODUCTION.

Five separate incidents occurred, each following the arrival in this country by air of a traveller from Karachi in West Pakistan, who developed smallpox after arrival. There was an epidemic of smallpox in Karachi between November 1961 and February 1962. Sixty-two indigenous cases followed their arrival—sixteen in England and forty-six in Wales—and of these twenty-four died of smallpox. All immigrants were required to be vaccinated in Karachi and each of the five had been properly certified as re-vaccinated. These certificates are given without inspection of the result and none of these patients had evidence that the re-vaccination had been successful. Special measures were instituted by the Pakistani authorities in January and these halted their epidemic and also prevented any further cases reaching this country.

The fifth importation, taken ill in Cardiff on 13th January, did not give rise to any secondary cases amongst persons *known to have been in contact with him*. Nevertheless, a substantial outbreak occurred in South Wales in two main waves between 9th February and 15th April which involved forty-six indigenous cases, of whom nineteen died. It must be assumed that infection was conveyed to the area by the fifth importation.

This fifth traveller was a man who arrived in London during the night of 11th to 12th January. He went by taxi to Birmingham and stayed with a fellow Pakistani. On Saturday, 13th January, he travelled to Cardiff, arriving the same evening. He stayed at a Pakistani restaurant and did not leave these premises until removed to hospital. He occupied an upstairs room; this room was entered by a number of persons, and therefore, an ill-defined group was placed at risk. As far as possible, these were all traced and placed under surveillance and in none of them was smallpox observed to develop. On 15th January the patient was removed for observation to Lansdowne Isolation Hospital, where he was seen by a member of the Smallpox Panel. Smallpox was diagnosed and the man was admitted to Penrhys Smallpox Hospital, Rhondda. Thus the only case of smallpox known in Wales in 1962 prior to 25th February was this Pakistani.

II. THE FIRST MAJOR WAVE.

(a) First Generation Cases.

The first major wave of indigenous cases in South Wales can be directly or indirectly connected with a missed unexplained case which was not diagnosed as smallpox in life. This patient had moved during her presumptive incubation period from her home in Pontygwaith, near Penrhys Smallpox Hospital, to her mother's house at Maerdy, in the Rhondda, for her second confinement. She was delivered of a still-born child on 8th February and was admitted that evening to East Glamorgan Hospital. She was taken to the anaesthetic room where she died early on 9th February. A post-mortem was held later that day but a diagnosis of smallpox was not entertained. After the post-mortem the woman's body and that of her still-born child were removed to her sister's house at Ferndale where they were placed in an open coffin until the funeral on 15th February.

Her infection placed at risk all those who were present during her confinement, during treatment at East Glamorgan Hospital, during the post-mortem, and subsequently at her sister's home. All but one of the second generation cases which came to light were amongst this circumscribed group of contacts.

*(b) Second Generation Cases.**Case 1.*

A neighbour of the deceased woman's mother—she had assisted at the delivery and also visited the house when the bodies were exposed before burial. She sickened on 16th February and a rash appeared on 20th February. She travelled to Edmonstown to be nursed at her mother's home. The general practitioner was called in and also a consultant on two occasions, but the diagnosis of smallpox was not entertained until 25th February. On this day a member of the Smallpox Panel saw the patient and suspected smallpox. The patient was removed to Penrhys Smallpox Hospital. This lady infected seven of her relatives, who appeared as third generation cases. There were also two unexplained third generation cases which can be indirectly associated with this case.

As soon as smallpox was suspected, this patient's history gave rise to the suspicion of smallpox also in the deceased woman who had been admitted in emergency to East Glamorgan Hospital.

Cases 2, 3, and 4.

Three others present in the house at Maerdy in which the first pregnant woman had sickened, and in that at Ferndale to which her body had subsequently been removed, also developed smallpox. These were her child, her married sister, and her brother. Of these the married sister died, but meanwhile had infected six third generation cases.

Thus far we have considered the missed first generation case and four second generation cases, two of which can be held responsible for fifteen third generation cases.

Case 5.

An obstetrician—he had not been vaccinated and had attended the post-mortem examination of the woman in East Glamorgan Hospital. He later died.

Case 6.

A child who entered the same anaesthetic room as deceased woman, prior to a major operation. He later developed smallpox.

This child was clearly responsible for the infection of two, and probably three, other cases (third generation cases).

There were thus one first generation, six second generation, and eighteen third generation cases in South Wales. Of these twenty-five cases, six died. By early April surveillance of all ascertained contacts had been completed and no cases had come to light amongst them.

III. THE SECOND WAVE.

On 6th April the Medical Officer of Health of Penybont Rural District was called to the F3 Ward of the Glanrhyd Unit of Morgannwg Psychiatric Hospital. In this ward were forty-five elderly and confused patients. Eight of these were found to have rashes compatible with a diagnosis of smallpox. They were removed to Blackmill Hospital (apart from one who died on 7th April). These eight cases were infected by an unexplained case—a 75-year-old patient who had died in the ward on 25th March and had been confined there since February 1961. This patient was regarded as the missed fourth generation case. A further ten cases in the ward came to light by 13th April and were admitted to Blackmill Smallpox Hospital. All of them may be regarded as fifth generation cases directly infected by the missed (fourth generation) case. Of these eighteen fifth generation cases (age range 59 to 88) no less than twelve died. Two further cases occurred in the ward—they were admitted to Blackmill on 22nd April. They developed discrete smallpox and recovered uneventfully. They may be regarded as sixth generation.

Surveillance of the contacts of the sixth generation cases was completed by 9th May and the infected local area in South Wales was considered clear of infection by 21st May, 1962.

IV. UNEXPLAINED CASES.

(a) *Concerned with First Wave.*

This unexplained case was the woman who later died after child birth in East Glamorgan Hospital. If she is to be brought into line with the Importation No. 5 from Pakistan when he was ill in Cardiff before his disposal into Penrhys Smallpox Hospital on 16th January, 1962, it is necessary to suppose that a "missed case" interposed, since the conjectured date of infection of the case under consideration was not until 24th January, 1962. A number of theories and rumours arose to connect her directly or through her husband with the associates of Importation No. 5, but no substantial evidence was forthcoming. Attention must be drawn to the fact that at the conjectured date of infection before moving for her confinement she was resident a distance of half a mile from Penrhys Smallpox Hospital, and that at this time Importation No. 5 was infectious and isolated there.

(b) *Concerned with Second Wave.*

This was the unexplained case which occurred in Glanrhyd Hospital and gave rise to the second main wave of the South Wales outbreak. At the time of the conjectured date of infection she was confined to her ward. She had received no personal visitors nor was there evidence of infection in the general community at the time. It is possible that a modified transient case might have been missed and did infect her but the fact remains that at the time of infection of this lady, six infectious smallpox patients were in the Smallpox Hospital at Heddfan, three-quarters of a mile away from F3 Ward.

V. PROXIMITY OF INFECTED CASES TO SMALLPOX HOSPITALS.

Infection could escape from a smallpox hospital by movement of some person or thing from the hospital to a place of contact with the unexplained case and need not cause more than one infection by that contact. It is many years since some experts came to believe that infection appeared to escape from smallpox hospitals. Was this explained by—

- (i) breaches of discipline resulting in infection being conveyed directly by members of the hospital staff ?
- (ii) indirectly through inanimate articles leaving the hospital ?
- (iii) by emission of virus into the atmosphere from the hospital ?

None of these possible explanations can be proved, but it is clear that on each occasion in the present outbreak the infective agent was conveyed to one person only in the area. Although the possibility of airborne spread cannot be excluded now any more than in the past, these single infections suggest individual exposures to infection rather than the presence of infective particles widely diffused through the atmosphere.

VI. MORTALITY EXPERIENCE.

It appears from figures obtained that survival is correlated with vaccination performed prior to the last few days of the incubation period. There is a highly significant difference in favour of vaccination exerting an ameliorating effect on the disease if performed soon after infection.

VII. VACCINATION.

(a) Responsibility for Vaccination.

The vaccination of identified contacts is the responsibility of the Medical Officer of Health of the Local Authority using the powers given by Public Health (Smallpox Prevention) Regulations, 1917. Routine vaccination in the absence of smallpox and large-scale vaccination when smallpox is present in the area, is the responsibility of the Local Health Authority under section 26 of the National Health Service Act, supplemented by vaccinations performed by general practitioners.

(b) Clinics Opened in South Wales.

When the first indigenous wave of infection came to light, contact clinics were opened for recently discharged patients from the East Glamorgan Hospital and other outside contacts. There were four clinics covering the Rhondda, Llantrisant, and Pontypridd area. As in other areas the public invaded these clinics and their demand for vaccination both here and from their G.P's. grew. When the small boy who had been regarded as a case of chickenpox in East Glamorgan Hospital, proved to be suffering from smallpox, and it was appreciated that he might have incurred his infection outside the hospital, it was decided no longer actively to discourage the public from attending the clinics as it was felt that there was less ground in the light of local circumstances for dismissing the public demand for vaccination as totally unnecessary and irrelevant. Additional clinics were opened to meet the demand.

General vaccination may be justifiable when missed cases are occurring in the community but it is essential that the normal contra-indications to vaccination are given proper consideration.

It is thought that in all some 900,000 persons were vaccinated in South Wales during the Spring of 1962 of which some 500,000 were vaccinated by G.P's., rather more than 300,000 in Local Health Authority Clinics, and the remainder under industrial arrangements.

In this area, where the brunt of the outbreak was borne and where the risk to the public was least well defined, supplies of vaccine were adequate. Five and a half million doses of vaccine were issued throughout the country over the six weeks' period from 1st January to 9th February. The major epidemic reserves remained almost intact, and any embarrassment to the supply and distribution of lymph during the outbreak was caused by the overwhelming public demand for vaccination. This demand was fostered by publicity on television and wireless and could not be stemmed by advice issued from the Ministry of Health or from local Medical Officers of Health.

(c) Vaccination Reactions.

Widespread vaccination leads inevitably to a number of complications. The more serious complications are generalised vaccinia and post-vaccinal encephalomyelitis but lesser reactions give rise to an increase in sick absence. In the South Wales outbreak the more serious complications were as follows—

Benign Generalised Vaccinia : fifty-two cases—one death.

Eczema Vaccination—vaccinated : sixteen cases—one death.

Eczema Vaccination—not vaccinated but contact cases : thirty-four cases—one death.

Post-Vaccinia Encephalomyelitis : seventeen cases—two deaths.

VIII. CONCLUSION.

Smallpox, as can be seen, is not yet eradicated from the world : more than 60,000 cases were reported in 1962. Air transport has brought the endemic areas within a day's travel of this country. It is still important, therefore, that parents should secure primary vaccination for their children, and the best time for this, in the view of the Standing Medical Advisory Committee, is in the second year of life.

COMMENT OF COUNTY MEDICAL OFFICER.

From the above report it appears two main items require consideration, namely :—

- (a) Control of importation of smallpox cases.
- (b) Hospital accommodation for smallpox cases.

(a) Control of importation of smallpox cases.

To strengthen the control at airports and seaports, the Minister of Health has introduced The Public Health (Aircraft) (Amendment) Regulations, 1963, and The Public Health (Ships) (Amendment) Regulations, 1963. Both Regulations came into operation on 1st August, 1963.

The main effect of these Regulations is that the Medical Officer at the airport can ask to see the international certificates of all travellers (whether in transit or not) arriving directly by air from :—

- (i) any place in Asia, Africa, or the Americas (excluding Canada and the U.S.A.) ;
or
- (ii) any smallpox-infected local area, wherever it may be.

Travellers who do not possess valid international certificates should be offered vaccination and placed under surveillance. Travellers from any smallpox-infected local area who refuse vaccination should be isolated for fourteen days.

(b) Hospital accommodation for smallpox cases.

The whole policy of isolating patients suffering from smallpox in specially designated hospitals is at present under review by the Ministry of Health. The main points under consideration being the siting of such hospitals, their accommodation, staffing problems and the transport of patients to hospitals.

POLIOMYELITIS.

The following table shows the numbers of poliomyelitis cases in recent years in Glamorgan :—

| | 1951. | 1952. | 1953. | 1954. | 1955. | 1956. | 1957. | 1958. | 1959. | 1960. | 1961. | 1962. |
|---------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Paralytic .. | 8 | 29 | 36 | 6 | 39 | 12 | 43 | 2 | 3 | 5 | 15 | 2 |
| Non-paralytic | 16 | 10 | 24 | 2 | 30 | 14 | 12 | 1 | — | — | 1 | — |
| Total.. | 24 | 39 | 60 | 8 | 69 | 26 | 55 | 3 | 3 | 5 | 16 | 2 |

The number of cases last year was the lowest ever recorded and most gratifying. It is ample justification and reward for the intensive poliomyelitis vaccination programme.

There were no deaths from poliomyelitis.

CANCER.

The following tables show the number of deaths in the Administrative County :—

TABLE I.

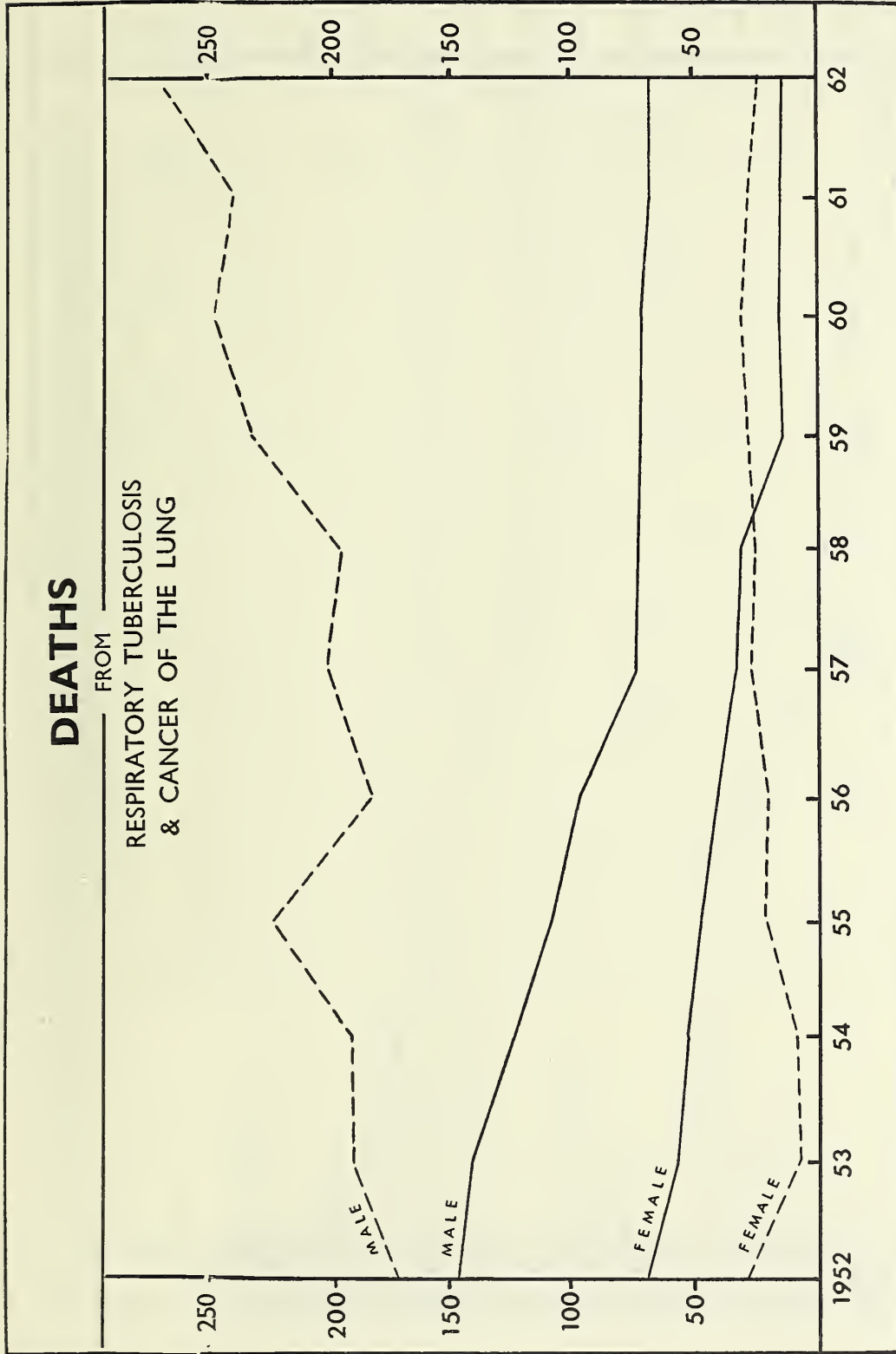
| Year. | Deaths in Glamorgan. | | | Crude death rate per 100,000 population. | |
|-------|----------------------|---------|--------|---|-----------------------|
| | Male. | Female. | Total. | Glamorgan. | England and Wales. |
| 1900 | — | — | 278 | 44 | 83 |
| 1910 | — | — | 435 | 61 | 97 |
| 1920 | 279 | 310 | 589 | 71 | 110 |
| 1930 | 396 | 444 | 840 | 104 | 145 |
| 1940 | 517 | 476 | 993 | 139 | 172 |
| 1950 | 744 | 574 | 1,318 | 179 | 210 |
| 1951 | 787 | 636 | 1,423 | 194 | 196 |
| 1952 | 725 | 605 | 1,330 | 182 | 199 |
| 1953 | 753 | 620 | 1,373 | 186 | 199 |
| 1954 | 759 | 659 | 1,418 | 192 | 204 |
| 1955 | 785 | 672 | 1,457 | 198 | 206 |
| 1956 | 741 | 637 | 1,378 | 187 | 208 |
| 1957 | 768 | 651 | 1,419 | 192 | 209 |
| 1958 | 774 | 651 | 1,425 | 192 | 207 |
| 1959 | 783 | 619 | 1,402 | 188 | 214 |
| 1960 | 835 | 691 | 1,526 | 204 | 216 |
| 1961 | 815 | 647 | 1,462 | 197 | 216 |
| 1962 | 856 | 651 | 1,507 | 201 | 222 |

TABLE II—DEATHS DUE TO MALIGNANT NEOPLASMS.

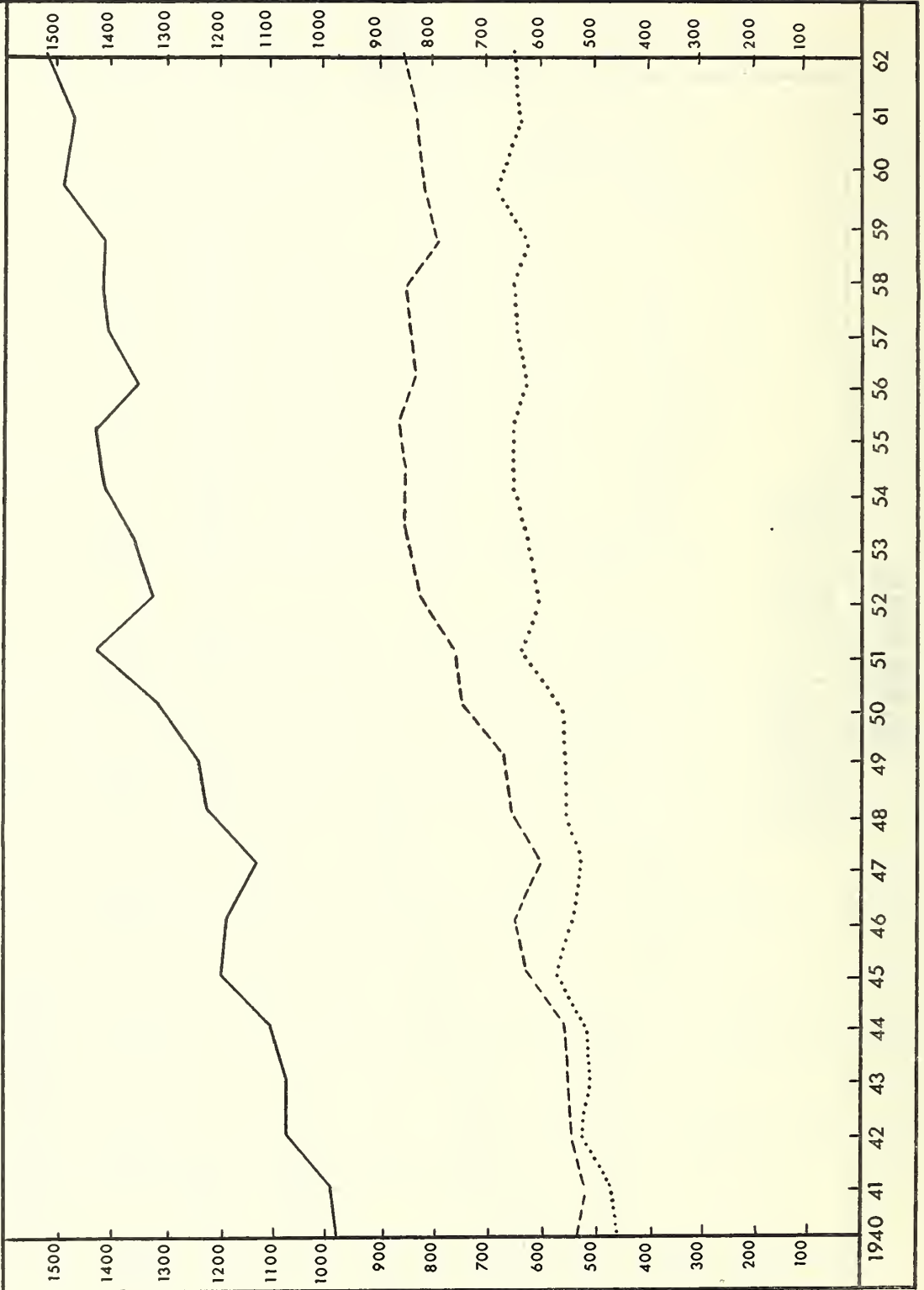
| Site. | Year. | | | | | | | | | | | | |
|---------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| | 1950. | 1951. | 1952. | 1953. | 1954. | 1955. | 1956. | 1957. | 1958. | 1959. | 1960. | 1961. | 1962. |
| Stomach .. | 291 | 335 | 300 | 277 | 294 | 324 | 299 | 258 | 316 | 257 | 311 | 275 | 293 |
| Breast | 100 | 109 | 111 | 117 | 111 | 105 | 138 | 114 | 118 | 102 | 138 | 91 | 133 |
| Uterus | 67 | 75 | 52 | 66 | 77 | 72 | 57 | 74 | 66 | 61 | 69 | 57 | 64 |
| Lung | 141 | 168 | 200 | 205 | 207 | 241 | 201 | 220 | 216 | 257 | 279 | 270 | 295 |
| Other | 719 | 736 | 667 | 708 | 729 | 715 | 683 | 753 | 709 | 725 | 729 | 769 | 722 |
| Total cancer deaths | 1,318 | 1,423 | 1,330 | 1,373 | 1,418 | 1,457 | 1,378 | 1,419 | 1,425 | 1,402 | 1,526 | 1,462 | 1,507 |

There was an increase in the total number of deaths from all forms of cancer (from 1,462 to 1,507).

It will be seen that the number of deaths last year attributable to lung cancer was 295, an increase of 25 over the figure for 1961, and a little more than double the figure for 1950. Of the 295 deaths, 270 were male. The corresponding figure for 1950 was 127.



CANCER DEATHS



----- Male deaths Female deaths _____ Total deaths

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY
OF GLAMORGAN DURING THE YEAR 1962.

| Causes of Death. | 0-1 year. | | 1-5 years. | | 5-15 years. | | 15-25 years. | | 25-45 years. | | 45-65 years. | | 65-75 years. | | 75 and upward. | | All ages. | |
|--|--------------|-----|---------------|----|----------------|----|-----------------|----|-----------------|-----|-----------------|-----|-----------------|-------|-------------------|-------|-----------|-------|
| | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. | M. | F. |
| Tuberculosis—Respiratory .. | — | — | — | — | — | — | — | — | 4 | 8 | 30 | 6 | 24 | 3 | 10 | — | 68 | 17 |
| Tuberculosis—Other .. | — | — | — | — | — | — | — | — | — | — | 5 | 2 | 3 | 1 | — | — | 8 | 3 |
| Syphilitic Disease .. | — | — | — | — | — | — | — | — | — | — | 2 | 1 | 1 | 3 | 2 | — | 5 | 4 |
| Diphtheria .. | — | — | 1 | — | — | — | — | — | — | — | — | — | — | — | — | — | 1 | — |
| Whooping Cough .. | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Meningococcal Infections .. | 2 | 1 | — | — | — | — | — | — | — | — | — | — | — | 1 | — | — | 2 | 3 |
| Acute Poliomyelitis .. | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Measles .. | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Other Infective and Parasitic Diseases .. | 1 | 1 | — | — | — | — | 1 | — | — | 2 | 5 | 4 | 2 | 6 | 1 | 7 | 9 | 21 |
| Malignant Neoplasm—Stomach .. | — | — | — | — | — | — | — | — | 5 | 3 | 63 | 35 | 79 | 33 | 28 | 46 | 175 | 118 |
| Malignant Neoplasm—Lung Bronchus .. | — | — | — | — | — | — | — | — | 8 | 4 | 118 | 8 | 112 | 7 | 32 | 6 | 270 | 25 |
| Malignant Neoplasm—Breast .. | — | — | — | — | — | — | — | — | — | 11 | — | 66 | 34 | 1 | 20 | 2 | 131 | 64 |
| Malignant Neoplasm—Uterus .. | — | — | — | — | — | — | — | — | — | 8 | — | 33 | — | 13 | 10 | — | — | — |
| Other Malignant and Lymphatic Neoplasms .. | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Leukaemia—Aleukaemia .. | — | 1 | 2 | 1 | 2 | 1 | 5 | 2 | 13 | 15 | 127 | 115 | 114 | 84 | 126 | 72 | 389 | 291 |
| Diabetes .. | — | — | 2 | 3 | 3 | 1 | 2 | 1 | 2 | — | 5 | 9 | 5 | 7 | 1 | 1 | 20 | 22 |
| Vascular Lesions of Nervous System .. | — | — | — | — | — | — | — | — | 2 | 3 | 1 | 11 | 8 | 19 | 5 | 18 | 16 | 53 |
| Coronary Disease—Angina .. | 2 | 1 | — | — | — | — | — | — | 9 | 11 | 118 | 105 | 189 | 212 | 259 | 385 | 577 | 715 |
| Hypertension with Heart Disease .. | — | — | — | — | — | — | — | — | 37 | 4 | 446 | 135 | 393 | 239 | 296 | 267 | 1,173 | 645 |
| Other Heart Disease .. | — | — | — | — | — | — | — | — | — | — | 21 | 26 | 36 | 23 | 24 | 35 | 81 | 84 |
| Other Circulatory Disease .. | 1 | 1 | 1 | — | 1 | — | 3 | 1 | 16 | 11 | 79 | 86 | 92 | 129 | 223 | 394 | 415 | 622 |
| Influenza .. | 1 | — | — | — | — | — | 1 | 1 | 5 | 2 | 41 | 32 | 66 | 44 | 88 | 132 | 202 | 211 |
| Pneumonia .. | 35 | 17 | — | — | — | — | 1 | 1 | — | 1 | 7 | 4 | 6 | 3 | 16 | 18 | 30 | 26 |
| Bronchitis .. | 4 | 6 | 1 | 4 | 1 | 2 | 2 | — | 7 | 5 | 31 | 25 | 55 | 32 | 77 | 105 | 209 | 190 |
| Other Diseases of Respiratory System .. | 1 | 2 | — | — | 1 | 1 | 1 | — | 5 | 2 | 148 | 19 | 221 | 36 | 150 | 65 | 529 | 129 |
| Ulcer of Stomach and Duodenum .. | — | — | — | — | — | — | — | — | 4 | — | 70 | 10 | 64 | 8 | 48 | 12 | 188 | 33 |
| Gastritis, Enteritis, and Diarrhoea .. | 4 | 1 | — | — | — | — | — | — | 3 | 1 | 12 | 4 | 7 | 5 | 15 | 7 | 37 | 17 |
| Nephritis and Nephrosis .. | — | — | 1 | — | — | — | — | — | 2 | 4 | 4 | 13 | 5 | 3 | 5 | 4 | 17 | 13 |
| Hyperplasia of Prostate .. | — | — | — | — | — | — | 1 | 2 | 4 | 4 | 3 | 11 | 11 | 3 | 5 | 6 | 34 | 26 |
| Pregnancy, Childbirth, Abortion .. | — | — | — | — | — | — | — | 2 | — | — | — | — | 17 | — | 34 | — | 54 | — |
| Congenital Malformations .. | 35 | 32 | 3 | 2 | — | — | 2 | 2 | 4 | 2 | — | 5 | 1 | 2 | 1 | 1 | 49 | 47 |
| Other defined and ill-defined diseases .. | 87 | 71 | 5 | 3 | 4 | 2 | 9 | 6 | 14 | 13 | 63 | 71 | 60 | 91 | 98 | 149 | 340 | 406 |
| Motor vehicle accidents .. | — | — | 1 | 4 | 1 | 5 | 13 | 4 | 18 | 4 | 13 | 2 | 7 | 4 | 2 | 3 | 55 | 24 |
| All other accidents .. | 7 | 3 | 8 | — | 8 | 1 | 12 | 1 | 28 | 6 | 39 | 9 | 6 | 14 | 17 | 47 | 125 | 81 |
| Suicide .. | — | — | — | — | — | — | 3 | 2 | 8 | 8 | 21 | 15 | 9 | 3 | 5 | 1 | 46 | 29 |
| Homicide and operations of war .. | — | — | — | — | — | — | — | — | 1 | — | 2 | — | 1 | — | — | — | 4 | — |
| All causes .. | 179 | 138 | 24 | 18 | 22 | 14 | 56 | 27 | 199 | 130 | 1,490 | 853 | 1,595 | 1,062 | 1,565 | 1,811 | 5,130 | 4,053 |



NOTIFICATION OF INFECTIOUS DISEASES.

| | | SCARLET FEVER | | WHOOPING COUGH | | DIPHTHERIA (Includes Mem. Croup) | | MEASLES | | ACUTE PNEUMONIA | | Meningococcal Infection | ACUTE POLIO-MYELITIS | | ACUTE ENCEPHALITIS | | Dysentery | Ophthalmia Neonatorum | PUERPERAL PYREXIA | | SMALLPOX | | PARA-TYPHOID | | ENTERIC FEVER | | Food Poisoning | TUBERCULOSIS | | | | ERYSIPELAS | | Anthrax | Malaria | | |
|-------------------------------|---|---------------|------|----------------|------|----------------------------------|------|---------|-------|-----------------|------|-------------------------|----------------------|---------------|--------------------|-----------------|-----------|-----------------------|-------------------|----------------------------|----------|------|--------------|-------|---------------|-------|----------------|--------------|------|-----------|------|---------------|------|---------|---------|-------|------|
| | | Cases | Rate | Cases | Rate | Cases | Rate | Cases | Rate | Cases | Rate | | Paralytic | Non-paralytic | Infective | Post Infectious | | | Cases | Rate per 1,000 Live Births | Cases | Rate | Cases | Rate | Cases | Rate | | Cases | Rate | Pulmonary | | Non-Pulmonary | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Cases | Rate | Cases | Rate | | | Cases | Rate |
| ADMINISTRATIVE COUNTY | | 175 | 0.23 | 28 | 0.04 | 8 | 0.01 | 1,726 | 2.31 | 202 | 0.27 | 13 | 2 | — | 1 | — | 269 | 7 | 41 | 3.18 | 44 | 0.06 | 6 | 0.01 | 2 | 0.003 | 71 | 318 | 0.42 | 41 | 0.05 | 20 | 0.03 | — | 1 | | |
| URBAN DISTRICTS | | 134 | 0.26 | 21 | 0.04 | 8 | 0.02 | 1,307 | 2.49 | 164 | 0.31 | 11 | 1 | — | 1 | — | 207 | 4 | 33 | 3.62 | 9 | 0.02 | 5 | 0.01 | 1 | 0.002 | 50 | 232 | 0.44 | 30 | 0.06 | 18 | 0.03 | — | 1 | | |
| RURAL DISTRICTS | | 41 | 0.18 | 7 | 0.03 | — | — | 419 | 1.87 | 38 | 0.17 | 2 | 1 | — | — | — | 62 | 3 | 8 | 2.12 | 35 | 0.16 | 1 | 0.004 | 1 | 0.004 | 21 | 86 | 0.38 | 11 | 0.05 | 2 | 0.01 | — | — | | |
| Health Division. | Constituent Districts. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aberdare and Mountain Ash | Aberdare Urban | 7 | 0.18 | 2 | 0.05 | — | — | 12 | 0.31 | 12 | 0.31 | — | — | — | — | — | 13 | — | 8 | 13.22 | — | — | 2 | 0.05 | — | — | — | 28 | 0.72 | 3 | 0.08 | — | — | — | — | | |
| | Mountain Ash Urban | 23 | 0.78 | — | — | — | — | 9 | 0.30 | 9 | 0.30 | — | — | — | — | — | 17 | — | 4 | 8.30 | — | — | — | — | — | 2 | 12 | 0.41 | 2 | 0.07 | — | — | — | — | | | |
| Caerphilly and Gelligaer | Caerphilly Urban | 1 | 0.03 | — | — | — | — | 73 | 2.01 | 3 | 0.08 | — | — | — | — | — | 5 | — | 2 | 2.75 | — | — | — | — | — | — | 16 | 0.44 | 1 | 0.03 | — | — | — | — | | | |
| | Gelligaer Urban | 2 | 0.06 | — | — | — | — | 27 | 0.77 | 7 | 0.02 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 15 | 0.43 | — | — | — | — | — | — | | | |
| Mid-Glamorgan | Bridgend Urban | 2 | 0.13 | — | — | — | — | — | — | 1 | 0.07 | — | — | — | — | — | 5 | — | 1 | 3.88 | — | — | — | — | — | — | 3 | 0.20 | — | — | 1 | 0.07 | — | — | | | |
| | Maesteg Urban | 6 | 0.28 | 1 | 0.05 | — | — | 24 | 1.11 | 4 | 0.18 | — | — | — | — | — | 22 | — | — | — | — | — | — | — | — | — | 5 | 0.23 | — | — | 3 | 0.14 | — | — | | | |
| | Ogmore and Garw Urban | 41 | 1.95 | — | — | — | — | 66 | 3.14 | 12 | 0.57 | 4 | 1 | — | — | — | 6 | — | 3 | 8.47 | — | — | — | — | — | 1 | 5 | 0.29 | — | — | — | — | | | | | |
| | Porthcawl Urban | 1 | 0.09 | — | — | — | — | 13 | 1.17 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 19 | 6 | 0.29 | 2 | 0.10 | 1 | 0.05 | — | — | | | |
| | Penybont Rural | 4 | 0.09 | — | — | — | — | 19 | 0.45 | 1 | 0.02 | 1 | — | — | — | — | 7 | — | 1 | 5.29 | — | — | — | — | — | — | 6 | 0.54 | — | — | 1 | 0.09 | — | — | | | |
| Neath and District | Neath Borough | 3 | 0.10 | — | — | 5 | 0.16 | 10 | 0.33 | 2 | 0.07 | 2 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 14 | 0.46 | 2 | 0.07 | — | — | — | — | | | |
| | Neath Rural | — | — | 2 | 0.05 | — | — | 105 | 2.56 | 4 | 0.10 | — | — | — | — | — | 3 | — | 1 | 1.57 | — | — | 1 | 0.02 | — | — | 22 | 0.54 | 3 | 0.07 | 1 | 0.02 | — | — | | | |
| Pontypridd and Llantrisant | Llantrisant and Llantwit Fardre Rural | 18 | 0.66 | 5 | 0.18 | — | — | 6 | 0.22 | 14 | 0.52 | — | — | — | — | — | 1 | 3 | — | — | 15 | 0.55 | — | — | — | — | 8 | 0.30 | 1 | 0.04 | — | — | — | — | | | |
| | Pontypridd Urban | 1 | 0.03 | — | — | — | — | 1 | 0.03 | 1 | 0.03 | — | — | — | — | — | 12 | 3 | 1 | 1.75 | — | — | 2 | 0.06 | — | — | 14 | 0.39 | 2 | 0.06 | — | — | — | — | | | |
| Port Talbot and Glyncoirwg | Glyncoirwg Urban | — | — | — | — | — | — | 3 | 0.32 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 5 | 0.53 | — | — | — | — | — | — | | | |
| | Port Talbot Borough | 3 | 0.06 | 1 | 0.02 | 3 | 0.06 | 674 | 13.18 | 1 | 0.02 | 1 | — | — | — | — | 3 | 1 | — | — | — | — | 1 | 0.02 | — | — | 3 | 21 | 0.41 | 8 | 0.16 | — | — | — | 1 | | |
| South-East Glamorgan | Barry Borough | 4 | 0.10 | 1 | 0.02 | — | — | 308 | 7.33 | 11 | 0.26 | 1 | — | — | — | — | 6 | — | — | — | — | — | — | — | — | 4 | 18 | 0.43 | 1 | 0.02 | 7 | 0.17 | — | — | | | |
| | Cardiff Rural | 14 | 0.28 | — | — | — | — | 102 | 2.03 | 9 | 0.18 | 1 | — | — | — | — | 23 | — | — | — | — | — | — | — | — | 15 | 14 | 0.28 | 4 | 0.08 | — | — | — | — | | | |
| | Cowbridge Borough | 1 | 0.91 | — | — | — | — | 15 | 13.64 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | | | | |
| | Cowbridge Rural | 2 | 0.10 | — | — | — | — | 121 | 6.12 | 4 | 0.20 | — | 1 | — | — | — | 28 | — | 1 | 3.13 | — | — | — | — | — | — | 8 | 0.40 | — | — | 1 | 0.05 | — | — | | | |
| | Penarth Urban | 3 | 0.15 | 1 | 0.05 | — | — | 7 | 0.34 | — | — | 3 | — | — | 1 | — | 21 | — | 1 | 2.78 | — | — | — | 1 | 0.05 | 5 | 9 | 0.44 | 1 | 0.05 | 2 | 0.10 | — | — | | | |
| West Glamorgan | Gower Rural | — | — | — | — | — | — | 48 | 3.75 | — | — | — | — | — | — | — | — | — | 6 | 27.50 | — | — | — | — | — | — | 4 | 0.31 | — | — | — | — | — | — | | | |
| | Llwchwr Urban | 6 | 0.24 | — | — | — | — | 5 | 0.20 | — | — | — | — | — | — | — | 6 | — | 4 | 10.90 | — | — | — | — | — | — | 7 | 0.28 | 4 | 0.16 | — | — | — | — | | | |
| | Pontardawe Rural | 3 | 0.10 | — | — | — | — | 18 | 0.58 | 6 | 0.19 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | 16 | 0.52 | — | — | — | — | — | — | | | |
| Rhondda | Rhondda Borough | 30 | 0.30 | 15 | 0.15 | — | — | 60 | 0.60 | 101 | 1.01 | — | — | — | — | — | 91 | — | 8 | 0.48 | 9 | 0.09 | — | — | — | 19 | 53 | 0.53 | 4 | 0.04 | 3 | 0.03 | — | — | | | |

Rates shown are per 1,000 population except where otherwise indicated.

VITAL STATISTICS, ETC., 1962.
(TABLE I)

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| | | POPULATION | | LIVE BIRTHS | | | LIVE BIRTH RATE | | Percentage of Illegitimate Births | Stillbirths | STILL BIRTH RATE per 1,000 LIVE AND STILL BIRTHS | Total Live and Stillbirths | INFANT MORTALITY | | | | NEO-NATAL MORTALITY | | EARLY NEO-NATAL MORTALITY | | PERI-NATAL MORTALITY | | Maternal Deaths | Maternal Death rate |
|-------------------------------|---|--------------|-----------------|-------------|---------|---------|-----------------|----------|-----------------------------------|-------------|--|----------------------------|-----------------------|----------------------------|-----------------|-------------------|-------------------------|----------------------------|---------------------------|----------------------------|---------------------------------------|-------------------------------------|-----------------|---------------------|
| | | Census, 1961 | Estimated, 1962 | Males | Females | Total | Crude | Adjusted | | | Stillbirth Rate | | Deaths Under One Year | Rate per 1,000 Live Births | Legitimate Rate | Illegitimate Rate | Deaths Under Four Weeks | Rate per 1,000 Live Births | Deaths Under One Week | Rate per 1,000 Live Births | Stillbirths and Deaths Under One Week | Rate per 1,000 Live and Stillbirths | | |
| ENGLAND AND WALES | | — | — | — | — | 840,557 | 18·0 | — | — | — | 18·1 | — | 17,978 | 21·4 | — | — | — | 15·1 | — | — | — | 30·8 | — | 0·35 |
| ADMINISTRATIVE COUNTY | | 746,785 | 748,700 | 6,596 | 6,292 | 12,888 | 17·21 | 16·87 | 3·81 | 316 | 23·93 | 13,204 | 317 | 24·60 | 23·43 | 30·55 | 212 | 16·45 | 169 | 13·11 | 485 | 36·73 | 3 | 0·23 |
| URBAN DISTRICTS | | 524,719 | 524,770 | 4,637 | 4,480 | 9,117 | 17·37 | 17·02 | 3·84 | 229 | 24·50 | 9,346 | 229 | 25·12 | 24·13 | 25·71 | 152 | 16·67 | 118 | 12·94 | 347 | 37·13 | 3 | 0·33 |
| RURAL DISTRICTS | | 222,066 | 223,930 | 1,959 | 1,812 | 3,771 | 16·84 | 16·50 | 3·74 | 87 | 22·55 | 3,858 | 88 | 23·34 | 21·74 | 42·55 | 60 | 15·91 | 51 | 13·52 | 138 | 35·77 | — | — |
| Health Division | Constituent Districts | | | | | | | | | | | | | | | | | | | | | | | |
| Aberdare and Mountain Ash | Aberdare Urban | 39,155 | 39,030 | 291 | 314 | 605 | 15·50 | 15·97 | 3·64 | 14 | 22·62 | 619 | 22 | 36·36 | 34·71 | 45·45 | 14 | 23·14 | 10 | 16·53 | 24 | 38·77 | — | — |
| | Mountain Ash Urban | 29,575 | 29,520 | 237 | 245 | 482 | 16·33 | 16·17 | 2·07 | 15 | 30·18 | 497 | 13 | 26·97 | 26·97 | — | 9 | 18·67 | 6 | 12·45 | 21 | 42·25 | — | — |
| Caerphilly and Gelligaer | Caerphilly Urban | 35,997 | 36,230 | 371 | 356 | 727 | 20·07 | 19·07 | 4·68 | 17 | 22·85 | 744 | 15 | 20·63 | 19·26 | 29·41 | 9 | 12·38 | 7 | 9·63 | 24 | 32·26 | — | — |
| | Gelligaer Urban | 34,656 | 34,990 | 363 | 325 | 688 | 19·66 | 20·25 | 4·22 | 17 | 24·11 | 705 | 15 | 21·80 | 18·90 | 68·97 | 7 | 10·17 | 5 | 7·27 | 22 | 31·21 | — | — |
| Mid-Glamorgan | Bridgend Urban | 15,174 | 15,110 | 114 | 144 | 258 | 17·07 | 15·88 | 3·88 | 4 | 15·27 | 262 | 4 | 15·50 | 15·50 | — | 4 | 15·50 | 3 | 11·63 | 7 | 26·72 | — | — |
| | Maesteg Urban | 21,625 | 21,710 | 197 | 199 | 396 | 18·24 | 18·24 | 3·28 | 9 | 22·22 | 405 | 7 | 17·68 | 17·68 | — | 5 | 12·63 | 4 | 10·10 | 13 | 32·10 | — | — |
| | Ogmore and Garw Urban | 20,985 | 21,050 | 191 | 163 | 354 | 16·82 | 16·82 | 2·54 | 10 | 27·47 | 364 | 13 | 36·72 | 36·72 | — | 8 | 22·60 | 7 | 19·77 | 17 | 46·7 | — | — |
| | Porthcawl Urban | 11,086 | 11,130 | 99 | 90 | 189 | 16·98 | 16·30 | 5·29 | 2 | 10·47 | 191 | 3 | 15·87 | 15·87 | — | 1 | 5·29 | 1 | 5·29 | 3 | 15·71 | — | — |
| | Penybont Rural | 42,104 | 42,360 | 410 | 411 | 821 | 19·38 | 19·38 | 3·17 | 16 | 19·12 | 837 | 24 | 29·23 | 26·80 | 76·92 | 16 | 19·49 | 14 | 17·05 | 30 | 35·84 | — | — |
| Neath and District | Neath Borough | 30,935 | 30,670 | 247 | 230 | 477 | 15·56 | 14·46 | 1·89 | 14 | 28·51 | 491 | 12 | 25·16 | 25·16 | — | 8 | 16·77 | 8 | 16·77 | 22 | 44·81 | 1 | 2·10 |
| | Neath Rural | 40,870 | 40,970 | 339 | 298 | 637 | 15·55 | 15·24 | 3·14 | 18 | 27·48 | 655 | 17 | 26·69 | 26·69 | — | 15 | 23·55 | 14 | 21·98 | 32 | 48·85 | — | — |
| Pontypridd and Llantrisant | Llantrisant and Llantwit Fardre Rural | 27,109 | 27,080 | 255 | 244 | 499 | 18·43 | 17·69 | 4·21 | 13 | 25·39 | 512 | 17 | 34·07 | 32·06 | 47·62 | 8 | 16·03 | 6 | 12·02 | 19 | 37·11 | — | — |
| | Pontypridd Urban | 35,494 | 35,480 | 314 | 259 | 573 | 16·15 | 15·50 | 4·71 | 12 | 20·51 | 585 | 16 | 27·92 | 24·43 | 74·07 | 12 | 20·94 | 7 | 12·22 | 19 | 32·48 | — | — |
| Port Talbot and Glyncoirwg | Glyncoirwg Urban | 9,368 | 9,440 | 90 | 98 | 188 | 19·92 | 19·52 | 2·66 | 1 | 5·29 | 189 | 6 | 31·91 | 31·91 | — | 5 | 26·60 | 4 | 21·28 | 5 | 26·46 | — | — |
| | Port Talbot Borough | 51,322 | 51,150 | 512 | 465 | 977 | 19·10 | 18·15 | 3·38 | 22 | 22·02 | 999 | 20 | 20·47 | 20·47 | — | 11 | 11·26 | 10 | 10·24 | 32 | 32·03 | — | — |
| South-East Glamorgan | Barry Borough | 42,084 | 42,040 | 390 | 402 | 792 | 18·84 | 18·09 | 5·43 | 16 | 19·80 | 808 | 9 | 11·36 | 11·36 | — | 6 | 7·58 | 6 | 7·58 | 22 | 27·23 | — | — |
| | Cardiff Rural | 49,884 | 50,130 | 444 | 398 | 842 | 16·80 | 16·13 | 4·04 | 16 | 18·65 | 858 | 11 | 13·06 | 11·88 | 29·41 | 9 | 10·69 | 8 | 9·50 | 24 | 27·97 | — | — |
| | Cowbridge Borough | 1,067 | 1,100 | 8 | 10 | 18 | 16·36 | 17·01 | 5·56 | — | — | 18 | 1 | 55·56 | 55·56 | — | 1 | 55·56 | — | — | — | — | — | — |
| | Cowbridge Rural | 18,756 | 19,760 | 168 | 152 | 320 | 16·19 | 16·19 | 5·31 | 8 | 24·39 | 328 | 3 | 9·38 | 6·25 | 58·82 | 2 | 6·25 | 2 | 6·25 | 10 | 30·48 | — | — |
| | Penarth Urban | 20,896 | 20,680 | 177 | 183 | 360 | 17·41 | 16·71 | 6·67 | 9 | 24·39 | 369 | 8 | 22·22 | 22·22 | — | 8 | 22·22 | 7 | 19·44 | 16 | 43·36 | — | — |
| West Glamorgan | Gower Rural | 12,656 | 12,810 | 121 | 97 | 218 | 17·02 | 17·19 | 2·75 | 5 | 22·42 | 223 | 5 | 22·94 | 22·94 | — | 4 | 18·35 | 3 | 13·76 | 8 | 35·87 | — | — |
| | Llwchwr Urban | 25,013 | 25,050 | 164 | 203 | 367 | 14·65 | 14·94 | 3·54 | 12 | 31·66 | 379 | 5 | 13·62 | 13·62 | — | 4 | 10·90 | 4 | 10·90 | 16 | 42·22 | — | — |
| | Pontardawe Rural | 30,687 | 30,820 | 222 | 212 | 434 | 14·08 | 14·22 | 3·92 | 11 | 24·72 | 445 | 11 | 25·35 | 23·04 | 58·82 | 6 | 13·82 | 4 | 9·22 | 15 | 33·71 | — | — |
| Rhondda | Rhondda Borough | 100,287 | 100,390 | 872 | 794 | 1,666 | 16·60 | 16·27 | 3·48 | 55 | 31·96 | 1,721 | 60 | 36·01 | 34·21 | 51·72 | 40 | 24·01 | 29 | 17·41 | 84 | 48·81 | 2 | 1·20 |

[illegible]

